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ABSTRACT

Presented are 10 teacher units designed to provide Head Start teachers with the basic techniques for working with preschool handicapped children. Unit I describes some of the possible handicapping conditions that may cause a child to need special education or supportive services in Head Start. Subsequent units cover the following areas (sample subtopics in parentheses): identifying and planning for the special child (the medical examination, behavior profile, and specialists); motivating and promoting appropriate classroom behavior (types of reinforcers); evaluating instructional techniques (definition and graphing of behavior); individualizing instruction (chaining, shaping, and prompts); using discipline to decrease problem behavior (extinction, timeout, and punishment); planning for special needs (learning centers, peer tutoring, and classroom layout); target teaching (objectives, target task I, and skill areas); creating classroom materials (people puzzles, lottos, and tracing); and sharing teaching techniques. Included throughout the document are illustrations, checklists, forms, suggestions for supplementary reading, and study questions. (SBH)

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EFFECTIVE APPROACHES,

a manual for teachers of handicapped preschoolers

Betty Fry
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illustrated by
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Project: Developing New Approaches to Head Start Services to Handicapped Children

Teacher Training

EAST CENTRAL KANSAS HEAD START

Ottawa, Kansas

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TABLE OF CONTENTS

Unit 1: Head Start for the Handicapped 1

Unit 2: Identifying and Planning for the Special Child 23

Unit 3: Motivating and Promoting Appropriate Classroom Behavior 71

Unit 4: Evaluating Instructional Techniques 84

Unit 5: Individualizing Instruction 107

Unit 6: Using Discipline to Decrease Problem Behavior 124

Unit 7: Planning for Special Needs 144

Unit 8: Target Teaching 167

Unit 9: Creating Classroom Materials 190

Unit 10: Sharing Teaching Techniques 206

UNIT 1

Head Start for the Handicapped

Head Start is now well established in the business of providing community-centered preschool opportunities to a variety of special children. The children who are served by Head Start have always been an interesting mixture of personalities, talents, special needs, family backgrounds, personal likes and dislikes, and abilities. Each child and family have brought unique and individual experiences to the Head Start classroom and each has in turn needed special and individual services from Head Start. Even in the past Head Start has provided a variety of professional services for children and their families, including medical, social work, nutritional and dental services. Now Head Start is involved in a serious effort to provide even better in-depth classroom and professional services for children who require special educational and supportive assistance to be a part of the regular preschool classroom. Head Start is actively looking for and recruiting preschool handicapped children in order to provide them with the opportunity to learn and grow with other non-handicapped children in normal classroom settings. You, the Head Start teacher, will be one of the closest and most helpful persons involved in providing these services to the handicapped child.

You may find yourself faced with new questions and new concerns as you come to know more children with unusual physical or educational needs. This training program has been developed to provide you with some of the answers to new, as well as old, questions you have about child behavior, classroom management, and individual needs. The ten units will give you information about determining children's needs, obtaining help from others, handling children's classroom problems, scheduling for classroom activities, and passing on what you have learned to other classroom helpers. You should find the training helpful in working with all of your children and their individual needs.

First, let us begin by considering who the handicapped are. This unit describes, very briefly, some of the possible handicapping conditions that may cause a child to need special educational or supportive services in Head Start. Only a few handicaps are described here, but the unit should give you an idea of the variety of needs that go with them and some of the special services you may provide.

As you read, you will find study questions scattered through the pages. Try to answer these questions as you read — this will help you review and make the reading material easy to remember. The answers to these questions may be found in the back of the lesson.

Head Start children at play

Deaf and Hearing Impaired Children

A number of the children you may meet in a Head Start classroom will have hearing problems, sometimes temporarily and sometimes permanently. The federal government defines hearing loss as a handicap if it meets the following definitions:

DEAFNESS

A person shall be considered legally deaf whose hearing loss is greater than 92 decibles in the better ear.

HEARING IMPAIRMENT

A person shall be considered hearing impaired when hearing loss is greater than 25 decibels in either ear on the standard employed by a qualified audiologist."

How do you know a child with a hearing loss? Don't be surprised if some children pass the hearing screening in September and are later found to have a hearing loss. Hearing loss may develop later during the year or may not have been as obvious at the time of screening. Hearing loss can be due to two basic causes, problems of the outer or middle ear or problems in the inner ear.

Children with hearing losses due to outer ear impairments may suffer from long-lasting ear infections, enlarged adenoids, or ear malformations. These children often show changing hearing ability — they may hear fine on a nice day, but can't hear well when they have a cold. For this reason, they may sometimes pass a hearing test (on a good day) and still show a hearing loss in the classroom. You may notice that the child has frequent earaches and running ears or other medical problems. These children usually need immediate medical help and may need some simple surgery.

Children with hearing losses due to inner ear problems are often suffering from "nerve deafness," a sensori-neural hearing loss. Usually their inability to hear is due to a problem of being able to "understand" sounds that are coming to them. Sounds that reach the brain may not be distinct or clear enough to decipher. In these cases, talking louder will not help the child hear; volume is not the problem, distinctness is.

Children with hearing problems are likely to show some of the following characteristics:

—A failure to respond to questions or instructions, especially if the person talking is behind him.

—Saying "what?" all the time, cupping his hand to his ear, tilting his head, or moving closer to hear better.

—He seems uninterested — especially during spoken activities. He may be listless and a loner, or he may become overactive and a behavior problem.

—His speech may be poor. He is likely to leave off sounds like **s, f, t,** and **k.** His voice may be too soft or too loud. He may speak with a high-pitch and with little expression.

—He may have language problems. He may use only two or three word units and may not know many words. He may avoid talking to people.

If you suspect a child has a hearing loss, you should refer him to an audiologist right away for testing. The preschool years are the most important years for learning language. The sooner the child can be medically treated or given a hearing aid or therapy, the sooner he can catch up on language skills.

What can you do in the classroom? A number of simple things:

—Always seat the child so you are facing him, preferably at eye level during story time and other listening times.

—When talking, avoid distractions which would draw his attention from your lips. When you tell a story from a picture book, the picture should be shown before or after, but not during the time you are actually talking.

—Talk to the child consistently — even more than normal. When you catch his eye say something appropriate. Tell him what he's doing. (You're playing with the red ball. Good, Johnny.)

—Have other children face him when they talk.

—Encourage the child to talk as much as possible to get what he wants. Don't let the child get away with tugging, pulling, pointing, etc.

—Encourage the child to pay attention to your lips and face.

—Get help! Refer him for testing and speech therapy if needed.

STUDY QUESTIONS

Q-1 What are the two basic causes of hearing loss?

Q-2 If a child passes one hearing screening test, why can you not conclude that he has no possible hearing problem?

Q-3 Why will a child with "nerve deafness" not hear better if you talk louder?

Q-4 Name two characteristics of children with hearing problems.

Q-5 To whom should you refer a child with a hearing loss?

Q-6 Name two things you can do in the classroom to help a child with a hearing loss.

Speech Impaired Children

The most common handicap that is found among Head Start children is speech impairment. The official definition of speech impairment to be considered handicapping is:

> **"SPEECH IMPAIRMENT**
>
> Speech and language disorders shall include, but not be limited to, children with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments."

A child can have two kinds of language problems: impaired **receptive** language or impaired **expressive** language. When we talk about receptive language we mean that a child can show us that he understands what is said to him. Some children can not follow even simple commands, because the words do not have any meaning for them. You may ask a child to "point to the blue ball," but if he has a receptive language problem, "blue" may not mean anything to him and he may not be able to do as you ask.

Children with an expressive language problem will not be able to talk well — to express themselves. This child may not use full sentences or words or may not use the correct words when trying totell you something. The child may repeat himself or may repeat (or echo) what you say. The child may not put sentences together meaningfully and generally has a great deal of difficulty being understood.

There are a number of types of speech defects a child may have:

Defects of Articulation: The way children make speech sounds may be troublesome.

Omissions: leaving out sounds in words ("pay" for "play")

Distortions: whistling, mushing sounds, slighting some sounds or over-emphasizing sounds

Substitutions: making another sound for the sound that should be said ("wun" for "run" or "tum" for "some")

Articulation problems account for most children's speech difficulties. Teachers should remember, however, that preschool children usually do not have perfect speech at this age. Some amount of articulation error is just natural. You probably know a number of children who say "wabbit" for "rabbit," and you know that you need not worry about it. The child who has a **number** of consistent articulation errors is the one who should be referred to a speech therapist for evaluation.

Defects of Voice: Sometimes a child's voice may be "peculiar" or may make his speech hard to understand.

Pitch: The tone of voice may be too high, too low, or just too monotonous.

Loudness: A child may talk too loudly, too weakly, or too monotonously.

Quality: A voice may be too nasal, too harsh, or too breathy.

Defects of the voice are often found with hearing problems and may indicate a need for a hearing test.

Stuttering:

A child may have problems with the rhythm and flow of his speech. He may stop and hesitate or repeat sounds. All of us stutter a little in normal speech, and normal preschool children are especially likely to stutter. It is usually recommended that a teacher ignore a preschooler's stuttering problems. It is very likely that a preschool child's stuttering is only a part of his normal language growth and that he will, in fact, grow out of the problem. Bringing too much attention to stuttering may make the child feel nervous and thus make him stutter even more. The best treatment in most stuttering cases with children of this age is simply to let the problem go without making a fuss.

Some children may become withdrawn with too much attention.

Retarded Speech Development:

When a child has not begun to speak in simple words by the age of 2 or 3 years, he is said to have retarded speech development. This is not to say that the child is retarded, just that he is slow in beginning to talk. The child may begin talking late and still catch up quickly, or he may need extra help. Late development of speech may be a sign of some other problem: hearing impairment, mental subnormality, illness or physical defect, lack of language stimulation, overly helpful parents, or an overly strict family. If a Head Start child is not even using simple words at home or school, he should be referred to a speech therapist for an evaluation.

Speech Defects Associated with Physical Problems:

One of the most common physical causes of speech defects is a cleft palate. A child with a cleft palate will have an opening in the roof of his mouth. This opening will let air escape when the child talks making his voice nasal-sounding and making some sounds impossible to say. The opening may be repaired (closed) by surgery or a plastic plate may be fitted to cover the opening. The child with a cleft palate may also have a cleft lip or hare lip. Surgery can usually repair the lip and may also be needed to repair the structure of tooth formations.

Other physical causes of speech defects are cerebral palsy, deafness, tongue-tiedness, tooth structure, and muteness.

STUDY QUESTIONS

Q-7 What are the two kinds of language problems a child may have?

Q-8 Describe what an expressive language problem might be:

Q-9 Name three articulation defects:

Q-10 Is it unusual for a preschool child to have articulation problems?

Q-11 Name three kinds of voice defects:

Q-12 What is usually the best treatment for a preschool child who stutters?

Q-13 Does retarded speech development also mean that the child is mentally retarded?

Q-14 What is one of the most common physical causes of speech defects?

Blind and Vision Impaired Children

Another handicapping condition that you may find in Head Start is blindness or other vision problems. The official definitions are:

"BLINDNESS
A person shall be considered legally blind whose central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT

A person shall be considered visually impaired whose central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes. Not to be included in this category are persons whose vision with eye glasses is normal or nearly so."

Some symptoms of vision problems that you might notice include:

—Walking very carefully, watching closely or feeling for steps, tripping a lot

—Holding books or fine work very close to his eyes

—Rubbing eyes a lot, frowning or squinting a lot

—Failing to see objects far away that the other kids can see

—Being sensitive to bright lights

—Unable to tell colors apart

—Running into things that are easy to see

Some other problems a child may have include:

Red-rimmed, crusted or swollen eyelids
Watery or red eyes
Crossed or "wandering" eyes
Runny eyes
Dizziness
Headache
Upset stomach
Painful eyes
Blurring of letters or objects
Double vision
Burning or itching lids

If you have a child who often shows one or some of these symptoms, you should have his vision tested. Most children will be able to wear glasses to help them see better. If your child meets the definition for being blind, you may also need to help in some other ways.

The best way to handle a blind child is to help him have all the experiences your other children have. You may need to do some thinking to work out ways the blind child can be a part of the group, but this will be of great help to the child. The blind child may be afraid of some new experiences at first. You can help by letting him explore freely and by telling him about everything that is happening. Give the blind child help, but be sure he is a part of everything that the class does.

The blind child should be able to take care of most of his needs by the time he starts school. You may help him as he is learning a new job, but teach him to do more and more by himself. Some things the blind child should be able to do include:

1. wash and dry hands
2. feed self with little help
3. dress self except for small buttons and tying shoes
4. take care of own toilet needs
5. walk with head up and hands down, not shuffling the feet

6. walk up and down stairs without help
7. put his toys and materials away when he has taken them out
8. find his way around the center and the playground
9. speak clearly so that others can understand him
10. know his name, address, telephone number and other simple information about himself

Blind children sometimes develop habits known as blindisms (rocking, rubbing eyes, waving hands in front of eyes, etc.). Blind children find these habits entertaining in lack of other things to do, just as lots of children suck their thumbs or chew their hair. You should gently discourage these habits and encourage other kinds of play. Don't let him sit with nothing to do.

Whatever the special needs of each child may be — his **greatest** need is to be treated as normally as possible. You must give him no less than your other children. Let the blind child enjoy all the "adventures," all the work, and all the play that the class enjoys.

STUDY QUESTIONS

Q-15 Name two symptoms of vision problems.

Q-16 Basically, what is the best way to handle a blind child?

Q-17 What should you do to help lessen the fear of new experiences that a blind child may have?

Q-18 Name two things a blind child should be able to do for himself by the time he is five years old.

Q-19 Give an example of a "blindism."

Mentally Retarded Children

"MENTAL RETARDATION
A child shall be considered mentally retarded who, during the early developmental period, exhibits general, sub-average intellectual functioning to a significant degree, **accompanied by impairment in adaptive behavior."**

You may have a child in your classroom who simply cannot keep up with other children his age. This child may always seem "behind" the group. Because he cannot do many things that he should for his age, he really seems like a younger child. The child may have a very short attention span, may need a lot of supervision, may have trouble understanding some concepts, may have speech problems, and may also have many motor problems. If you suspect that the child is one or two years behind others his age, you may want a psychologist to test him to see how well he can do on a variety of problems. If the psychologist also finds that the child has some real difficulties in completing these tasks, he may call the child mentally retarded. The mentally retarded child can keep learning and growing, but he will probably need special help and may learn more slowly than others.

Mental retardation may be caused by a number of things. Sometimes an accident or an illness (with a high fever) will damage the child's ability to learn. A child may be mentally retarded because of a birth defect or injury. Just as there are many causes of mental retardation, there are also different levels of retardation. Not all retarded children will be limited in the same ways. **Most** retarded children (about 90%) are only **mildly** retarded. The mildly retarded child will learn slowly but **can** learn and be a part of school. A small number of retarded children (about 6%) are moderately retarded. The **moderately** retarded child can also learn some things in school but will probably need a little more supervision. A few retarded children (5%) are **severely** retarded and will probably need a great deal of care. These children will usually need a lot of help even to learn simple self-care tasks. If you have a mentally retarded child in your classroom, you will be especially interested in the teaching suggestions given in the units that follow this one.

STUDY QUESTIONS

Q-20 To whom should you refer a child you suspect is one or two years behind other children his age?

Q-21 Name three possible causes of mental retardation.

Q-22 Name three levels of mental retardation.

Health Impaired Children

"OTHER HEALTH OR DEVELOPMENTAL IMPAIRMENT
These impairments refer to illnesses of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders."

Children who have an illness or disease that they must learn to live with are said to be "chronically" ill. A chronically ill child may have to take medicine every day, eat a special diet, be careful to get an extra amount of rest or limit the amount of exercise he gets. In these ways the child can keep himself fairly healthy even though he still has a chronic disease. The chronically ill child may run into problems when his medicine or diet or other precautions he takes are not enough to keep him from being really sick. The child who is chronically ill from one disease may also be more likely to get sick from common ailments; he may have colds more often and may be sick longer than other children. He is a child who is likely to miss many days of school or who may not be able to take part in all of the day's activities. Because the chronically ill child may miss so much, he is handicapped by his illness.

Some diseases that children may have include: diabetes, severe anemia, asthma, and epilepsy. These are only **some** of the chronic illnesses a child may have. A few examples follow:

Diabetes: A very few children may have diabetes or "sugar" at a young age. The child is not able to burn up sugar and starches normally. Sugar may build up in the blood without giving energy to the child causing the child to lose weight even though he is always hungry and **thirsty**. The diabetic child may need a special diet, regular visits to the doctor, and perhaps daily doses of insulin. He may have difficulty healing, may return to bedwetting, and may complain of eye problems and leg and muscle pains. A diabetic will have poor circulation in his feet. If you notice a sore or cut on his foot, keep an extra careful watch on it. The sore could easily result in a serious infection. Keep an eye on those feet!

Epilepsy: About one in every fifty children has epilepsy. This child suffers from seizures or "fits." You may not even know a child has epilepsy, because the seizures may be so mild that you don't notice there has been one, or the seizures may be controlled by medication. The very small or mild seizures are known as "petit mal" seizures. Some signs that may show a mild seizure are:

—staring spells ("daydreaming")
—tic-like movements
—rhythmic movements of the head
—purposeless sounds and body movements
—head dropping
—lack of response
—eyes rolling upward
—chewing and swallowing movements

If you notice two or three of these symptoms and see them happening several different times, you should have the child looked at by a doctor.

Severe seizures will be hard **not** to notice. The child will usually lose consciousness, and his body will shake violently. The shaking may last for several minutes, and the child may be asleep for some time afterwards. Severe seizures may happen one or two times a day or only one or two times a year. In case of a "grand mal" seizure like this —

Stay calm — keep the class calm. The seizure is not painful to the child.

Let the seizure run its course, but clear the area around the child, so he won't hurt himself.

Don't try to put anything between his teeth.

Let the child rest after the seizure.

Report the seizure to the child's parents.

Explain the seizure to the class — be sure the children know there is nothing to be afraid of. They can't catch it and the child is no different than he always was.

If you have a child with epilepsy in your class, remember — don't pamper him for fear he'll have a seizure and don't fear or pity him. Treat him just like any other child in the class — he is a very normal child.

Sickle Cell Anemia: A disease that may be inherited by children is sickle cell anemia. The disease causes the red blood cells to take on a sickle-shape form, giving the disease its name. These changes in the red blood cells cause a number of symptoms including:

—attacks of acute pain
—anemia with weakness
—jaundice (eyeballs, skin, and urine become yellow)
—leg sores
—likeliness to catch colds and other illnesses

Some people may have the full disease of sickle cell anemia while others are only carriers. Carriers do not show the symptoms, but they pass the disease or trait on to their children. The disease was originally a body defense against malaria and started hundreds of years ago in Africa. Because of this all Black people should have the simple blood test that will detect the disease. About two out of 25 American Blacks are carriers and about one of 400 infants have the full disease. Sickle cell anemia cannot be cured at this time, so a child with the disease will probably need medical supervision.

A simple blood test will reveal sickle-cell anemia.

STUDY QUESTIONS

Q-23 What is a "chronic illness"?

Q-24 Name two problems a diabetic child may have.

Q-25 What is a "petit mal" seizure?

Q-26 Name two possible signs of a mild seizure.

Q-27 Describe a "grand mal" seizure.

Q-28 How should you treat a child with epilepsy?

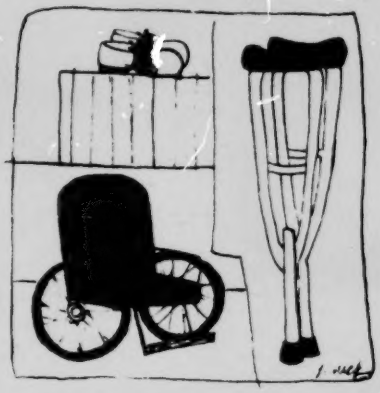
Q-29 Name two possible symptoms of sickle cell anemia.

Q-30 Is there a known cure for sickle cell anemia?

Physically Handicapped Children

"PHYSICAL HANDICAP
Physically handicapped refers to those children who exhibit conditions which prohibit or impede normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, cerebral palsy, spina bifida, loss of or deformed limbs."

A child who is born crippled or becomes so after an accident is really not very different from other children his age. The crippled child may be limited in his movement, but his educational and social needs are the same as any other child's. All children must learn to do things for themselves, to become independent, and to be of help to others. The crippled child may be slow and awkward and require a lot of extra help in learning to feed and dress himself and move about, but it is worth your help to teach him this independence. You will be of best service to the crippled child if you encourage him to find ways to "do for himself."



A few of the aids for a child with a handicap—

A crippled child's limitations may vary from very severe (confined to a wheelchair) to slight clumsiness (poor hand coordination). Some children may have difficulty learning to crawl, walk, reach, chew, and talk. Others may be able to do these things but find it hard to balance, to run, or to use a pencil. Regardless of how severely crippled a child is, he needs the experiences that your Head Start classroom can offer.

Cerebral palsy is the most common cause of crippling physical disability. "Cerebral" means brain and "palsy" means a lack of control over the muscles. The term "cerebral palsy" is used to describe a range of motor problems which seem to be due to some damage to one of the parts of the brain that controls muscle movement. Cerebral palsy may occur in different forms. The most common form is "spastic" cerebral palsy where the muscles become very stiff and tight. The legs turn in, the arms are bent, and the hands are clenched. The child may have difficulty speaking and swallowing. Another form is "athetoid" cerebral palsy which results in uncontrollable, loose, unwanted movements of the limbs. The limbs may wave about, and there may be extra movement of the tongue and mouth. The third major form is "ataxic" cerebral palsy which results in clumsiness and balance problems. These children have poor coordination and great trouble with fine skills like writing and throwing a ball.

In combination with the muscle problems, the cerebral palsied child may have other defects. The child may have speech problems, may drool and may have difficulty eating. He may be slow in responding and may have problems remembering mental pictures. Even though the child may be very smart, he may look retarded because of these added problems. His teachers need to be able to see past his appearance.

The cerebral palsied child will need special physical therapy and exercise to help him learn to control his muscles as much as possible. He may also need braces to help straighten arms and legs so that he can use them. Occasionally a child may need surgery to allow freer movement. His family may have to invest in canes, special shoes, a wheelchair, etc. The center can help greatly by providing information on financial help.

STUDY QUESTIONS

Q-31 How can you be of "best" service to a crippled child?

Q-32 What is the most common cause of crippling physical disability?

Q-33 Name three forms of cerebral palsy.

Q-34 Name three special services a crippled child might need.

Serious Emotional Disturbance

"SERIOUS EMOTIONAL DISTURBANCE
A child shall be considered seriously emotionally disturbed who manifests one or more of the following: dangerously aggressive towards others; self destructive; withdrawn and non-communicative; hyperactive and uncontrollable; severely anxious; depressed or phobic; psychotic or autistic. (Diagnosis of seriously emotionally disturbed may be made only by a qualified psychologist or psychiatrist subsequent to a complete physical examination.)"

All children find their emotions more than they can handle at some times. It is only natural that children can sometimes be very fearful, can be deeply distressed and unhappy, or can be angry and aggressive. It is natural, however, for these strong emotions to be short-lived. A scary experience is quickly over and tears are dried, a child gets over a sad happening and brightens up, an angry child soon makes up and forgets his fight. These brief changes in emotions are to be expected and usually do not interfere with the child's overall ability to get along with his world.

Some children, however, are "trapped" by their feelings. Tears, unhappiness, excitement, or anger do not quickly go away, and the child is so wrapped up by his emotional actions that he can't cope with his environment. Children who are constantly suffering emotional upset or who have such severe emotional reactions that they can't relate to school or other children or who are dangerous to themselves or others should be evaluated by a psychologist. He can give you and the child's parents ideas for handling the child and for helping the child handle his own emotional behavior.

One kind of emotional disturbance that is especially serious in very young children is autism. Autistic children are very puzzling: they may look like beautifully normal children, but they behave in bizarre ways.

Autistic children often make bizarre gestures and faces; they may flap their hands and walk on their toes. They may be able to recite a whole television show but not be able to use words meaningfully. Some do not talk at all. Often all of their attention is absorbed by objects or machines, and they cannot relate to people. The autistic child can be robot-like in his habits, insisting that his routine never be changed. He lives as if there is an invisible wall around him and can be unresponsive to the give and take of human relationships. Often these children are also hyperactive and hard to manage. Some can go for days with little sleep or food. A few are so disruptive that they cannot be kept at home.

The cause of autism is not known nor is there any proven cure. The condition usually begins unexpectedly in very early childhood. A combination of some or all of the following behaviors might indicate autism. (The severity of these behaviors might be different with different children.)

1. Severely impaired speech or a complete lack of speech

2. Lack of ability to relate to any people (even parents)

3. Great upset without reason or because of minor changes in routine

4. Retarded ability in certain areas, sometimes along with superior ability in others (example — child may not be able to count but could always arrange the supper table in exact order)

5. Repeated or peculiar use of toys in a strange manner or repeated and peculiar body motions, such as non-stop rocking

6. Unusual reactions to sounds and objects. The child may behave as if he didn't hear a sound or is "looking through" an object, or he may startle and overreact to a sound.

7. Unable to do some gross or fine motor activities well (peculiar walk or inability to hold a pencil)

8. Hyperactive or completely passive

9. Apparently insensitive to pain

Careful teaching can help these children learn to make meaning of words, care for themselves, and begin to respond to other people. Head Start can also be especially helpful for the parents of these children.

STUDY QUESTIONS

Q-35 Is it unusual for children to show strong emotions?

Q-36 When should a child be referred to a psychologist concerning his emotional behaviors?

Q-37 What is autism?

Q-38 What is the cause of autism?

Q-39 Name three characteristics of an autistic child.

Supplementary Reading

Handicapped Children in Head Start Series: Selected Readings in Early Education of Handicapped Children. "Integrating Handicapped Children Into Regular Classrooms," Mary Glockner (Interview with Jenny Klein), pp. 5-9, O.C.D., 1974.

Head Start Information Project
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

No Two Alike: Helping Children with Special Needs

Exploring Childhood Program
Education Development Center
15 Mifflin Street
Cambridge, Mass. 02138

Answers to Study Questions

Q-1 1. outer or middle ear impairments
2. inner ear impairments

Q-2 The child may have changes in hearing ability depending on the weather, health, etc.

Q-3 Sounds are not distinct or clear even if they are loud.

Q-4 any two:

1) fails to answer questions
2) saying "what?"
3) seems uninterested in spoken activities
4) poor speech
5) language problems

Q-5 Audiologist

Q-6 any two:

1) seat child facing you
2) avoid distracting child from watching your lips
3) talk to the child a lot
4) have other children face the hard of hearing child
5) encourage the child to talk
6) refer for testing and therapy

Q-7 1) receptive language problem
2) expressive language problem

Q-8 The child may not be able to use words and sentences correctly.

Q-9 1) omissions
2) distortions
3) substitutions

Q-10 no

Q-11 1) pitch, 2) loudness, 3) quality

Q-12 to ignore the problem

Q-13 no

Q-14 cleft palate

Q-15 two of the following: 1) walking carefully
2) holding materials close to their eyes
3) rubbing eyes a lot
4) inability to see far off objects
5) sensitivity to bright lights
6) color blind
7) running into things
8) physical problems due to eyes

Q-16 Help him have normal experiences all children have.

Q-17 Let him explore and tell him everything that is happening.

Q-18 any two:
1) wash and dry hands
2) self feed
3) self dress
4) self toilet
5) walk without shuffling
6) walk stairs
7) put materials away
8) find his way around familiar area
9) speak clearly

Q-19 any one: rocking, rubbing eyes, waving hands in front of eyes

Q-20 psychologist

Q-21 accident, illness, birth defect or birth injury

Q-22 mild
moderate
severe

Q-23 having a disease that one must learn to live with

Q-24 weight loss
difficulty healing
bed wetting
muscle pains

Q-25 small or mild seizure

Q-26 Any two:
staring spells
tic-like movement
rhythmic movements of the head
purposeless sounds and body movements
head dropping
lack of response
eyes rolling upward
chewing and swallowing movements

Q-27 lose consciousness
body shakes violently

Q-28 like any other child in the class

Q-29 any two:
attacks of acute pain
anemia with weakness
jaundice
leg sores
likeliness to catch colds

Q-30 not at this time

Q-31 encourage him to find ways to "do for himself"

Q-32 cerebral palsy

Q-33 spastic
athetoid
ataxic

Q-34 physical therapy
bracing
surgery

Q-35 no

Q-36 The child can't cope with his world,
constantly upset or unable to relate to others
dangerous to self or others.

Q-37 a very serious form of childhood emotional disturbance

Q-38 it is not known

Q-39 any three:

1. severely impaired speech
2. unable to relate to people
3. great upset at changes in routine
4. retarded ability in some areas while superior in others
5. peculiar use of objects and repeated body movements
6. unusual reactions to sounds and objects
7. unable to do some motor activities well
8. hyperactive or completely passive
9. insensitive to pain

Practicum - Unit 1
Observation Sheet

Teachers: here are some things to watch for as you observe:

1. Do you see any materials here that you use in your classroom? What are they?

2. Have you noticed any new materials or activities you would like to know more about? What are they?

3. What kinds of activities are the children doing?

4. How is the room organized? (Do the children use tables, desks, or sit on rugs, etc.)

5. Who is helping the teachers? (Volunteers, mothers, other children?)

6. Do you have questions about anything you saw today?

_____

_____

_____

_____

CLASSROOM OBSERVATIONS

Throughout your training with Effective Approaches you will not only read but also be monitored in the classroom by your trainer. We have found that having a teacher only read the manual has little effect on her teaching. When we had the teacher read the manual and also give her feedback on teaching, this had a big effect! So please don't view the monitoring as a "big pain." It will really help your teaching.

UNIT 2

Identifying and Planning for the Special Child

This unit will give you new ideas and tools to use when identifying the handicapped preschooler. It contains:

Part A . . . .
1. unit reading material
2. answers to study questions
3. practicum activity

Part B . . . .
4. description of specialists
5. L.A.P.
6. Teacher Observation Form

* * * * * *

Part A

You've been working with children long enough to know for sure that all children are not alike. Children usually are not just average in all ways; each one differs in some way from the expected "normal" range. Because children differ, thay have different needs. Some children's needs are so special they require some individual attention. They do not require constant watching, but in some cases these children will need a little extra help in the classroom — either related to curriculum or their special physical needs.

You can help by looking at your classroom and finding out if any of your children have special needs. Several steps may be followed:

1. Identify the child
2. Talk with the parents
3. Get professional advice or help
4. Have a planning meeting
5. Try suggestions
6. Follow up

Each step will be explained in an individual section in the following pages.

Step 1: Identifying the problem

At the beginning of the school year, the child will have his hearing, vision and general health examined. Your health services coordinator and social service worker will probably do most of the work for you. They will contact the physician, public health department, etc. and make sure that each child is examined.

The following will tell you a little bit about what happens in each of the different examinations and what questions, as the child's teacher, you should ask.

I. Medical Examination: These are done at the beginning of the school year. There are several places that can provide medical exams for the Head Start children. Here are a few:

1. Private physician
2. County, regional or state health departments
3. School health programs
4. Hospital or medical school clinics
5. OEO neighborhood health centers

Some of these services may be free to the Head Start children. Your health services coordinator and social service worker should set up the examinations and take care of financial arrangements. In addition, they should help you set up individual health records and make sure the child's parents come to the exam, too.

The medical exam should include:

1. T.B. (tuberculin) test
2. Screening for anemia
3. Urinalysis
4. Check for disease or abnormalities of: skin, eye, ear, nose, tonsils, heart, etc.
5. Developmental and neurological exam
6. Any immunizations the child hasn't received

You should make sure the doctor does **each one** of the six steps. Do this by having the health services coordinator or social service person remind the doctor for you. In order for you to find out if the child has a special need, it is important that the physician complete the six steps above. If they haven't been completed, make sure they get done. For example, if the doctor didn't look at the child's eyes, and the child had a severe eye disease, this might lead to blindness.

After the children have been looked at by a physician, you, as their teacher, should read every one of their records. Look for the following:

1. **Did the physician suggest that the child be referred to a specialist for additional testing?** For example, the physician might note the child's eyes were red and puffy and refer the child to an "opthamologist" (a physician specializing in diseases of the eye).
2. **Did the physician give any special instructions?** For example, a child with asthma might be instructed to stay away from cats. You should be aware of these instructions and follow them as closely as possible.
3. **Did the physician give the child any medication that should be taken during the day at school?** Try to find out all you can about the child's special problem. Talk to your social services worker about each child. Find out if the physician told her something about the special needs of the child that you should know.

If you have a medical question about the child, 1) call the physician or 2) have your social service worker call the physician. Doctors are usually more than happy to give you extra information relating to the child's special needs.

Your goal is:

How can I, as the teacher, provide extra help to my student with a special need?

If the child needs to be referred to a specialist, the social services worker should do this for you. They have a "Resource File" that tells them who are the specialists in the area that can work with Head Start children. When the child has been seen by the specialist, ask the same questions again.

1. Are there any special instructions?
2. Is there any special medication?
3. Did the specialist tell the social service worker anything that you should know?

Summary:

While working with the social service and health coordinator you should:

1. Make sure the child has had a complete physical exam.
2. Read the medical records and ask the following:
   a. Does the child need to be referred to a specialist?
   b. Are there any special instructions?
   c. Is there any medication to be given?
3. Talk to the social service worker and find out if the doctor told her anything about the child's special needs that you should know about.
4. If you have any questions, call the physician.
5. Your goal is:
   How can I, as the teacher, provide extra help to my student with a special need?

STUDY QUESTIONS

Q-1 When the children have been looked at by a physician, you should read each one of the children's records. What three questions should you ask?

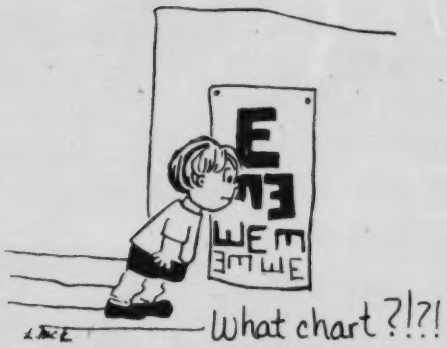
Q-2 Who will do most of the work for you in setting up appointments for physicians?

Q-3 What is your goal as teacher of a child with a special need?

II. Vision and Hearing Records: In September you should have all your children's eyes and ears checked.

Ears: These can be checked at a public health clinic, at a general hospital, or at a speech and hearing clinic. It is extremely difficult to test the children's ears by yourself because it requires a special machine that is very complicated to use. If you have the children's ears checked by someone other than an "audiologist" (hearing specialist), make sure you ask the person doing the testing: **Do any of the children need to be referred to an audiologist for further testing?** Never assume that people doing the testing will tell you — ask them.

Eyes: Ideally these should be checked by an optometrist. An optometrist will perform several different tests to check for a variety of eye problems. He will test to see if the child has a problem with near, distant or side vision. In addition, he will find out if the child's eyes are both working together and if the child has any other unusual focusing problems.



Most of your children won't have any visual problems but how can you tell which one will? It would be unfortunate to assume the child had a learning disability because he couldn't assemble puzzles or do work requiring close vision, when in fact the child simply couldn't see things up close. An optometrist can tell you for sure.

3 Possible Ways to Get Your Children's Vision Screened

1. Make a regular appointment with an optometrist.
2. Ask an optometrist to volunteer his time.
3. Screen the children's eyes yourself.

A regular optometrist's appointment

If your center can afford to pay an optometrist, fine. You can probably get your social service person to make the appointment for you. Some optometrists will charge Head Start a lower rate than everyone else. Ask the optometrist if he will give you a lower rate for your children's visit. If he won't, try calling a few other optometrists who might. Of course, if your town has only one — you'll have to take the price quoted.

Get an optometrist to volunteer his time

What if your center just doesn't have the funds to pay for a visit to the optometrist? These visits can run as high as $15 - 20.00 per child. Why not ask him if he would be willing to examine your children's eyes for free? Here are some tips to help you ask:

1. Call the optometrist and ask his secretary to have him call you back when he's not busy.

2. When he calls you back, tell him your problem. (Children need screening but no Head Start funds available)

3. Point out:

   a. That most of the children's parents can't afford to send their children to an optometrist.

   b. The only vision care the children receive is through Head Start.

   c. Center's budget does not include necessary funds.

   d. Catching a vision problem early may prevent the child from being labeled "learning disabled" later.

   e. If Head Start doesn't get the children's eyes checked thoroughly, there is a good chance that the public schools won't do it later. A vision problem may just get worse and worse.

4. What do you have to lose? If he refuses, try another optometrist. If you still can't get anyone to do it for free — what have you lost? But, if you find someone — fantastic! You will be assured the children are getting the best of care.

Screen the children's eyes yourself

If you can't afford an optometrist's visit and no one will do it for free, what do you do? The following are two alternatives. Screening by someone other than an optometrist is not going to be as thorough, but it's better than ignoring the problem.

1. Have the children's eyes screened at a public health clinic or by a public school nurse.
2. Or you can do the screening yourself.

How you can screen your children's vision . . .

Here are two points you should cover when you screen your children's vision.

1. Look for vision problem symptoms.
2. Use the Snellen E test.

Vision problem symptoms: There is a list of vision problem symptoms in Unit 1 of this manual. It is located in the section on blind and vision impaired children. These are little cues of what you may see the child experiencing in the classroom. Copy these symptoms on to a piece of binder paper and keep it in your roll book. Whenever you see a child exhibit any of the symptoms, write down the date and the child's name next to the symptom. If you notice the child consistently exhibiting one or more symptoms take the child to a specialist right away.

Here is a sample of what the symptom sheet might look like:

Vision Symptom Sheet

1. Runs into things — Judy 5/23, Marva 5/23
2. Red, watery eyes — Marva 5/19 Judy 5/24
3. Squints, frowns — Judy 5/20, 5/21 5/22, 5/23 Marva 5/24

If the symptoms are physical, (e.g., crusty, watering, red, painful eyes) take the child to an opthamologist — a physician specializing in eyes.

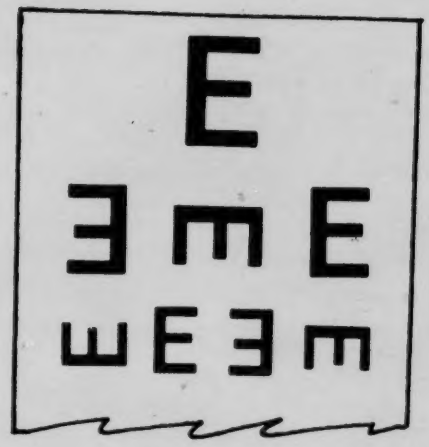
If the symptoms seem to point to a vision problem, then take the child to an optometrist.

Use the Snellen E test: This test is fine for testing distance vision. But, the problem is that it doesn't test for near or side vision. You will have no idea whether the child has a problem reading things 18 inches from his face. However, you will be able to tell if he has a problem with distance vision. The benefit to using the Snellen E is that it doesn't require the child to name letters (as you know, most preschool children don't know the alphabet). So remember, the Snellen E tests only for distance vision.

STUDY QUESTIONS

Q-4. If your center doesn't have the money to pay for an optometrist's visit, what should you do?

Q-5 What is the problem with giving the "Snellen E" test?



Here is how to use the Snellen E . . .

How to obtain the Snellen E . . . .

This test can be obtained from several places:

1. The National Society for the Prevention of Blindness
   79 Madison Ave.
   New York, N.Y. 10016
2. Public Health Dept.
3. Local optometrist
4. Public School Nurse
5. Hospital Supply Company

Ask for the "Snellen E Chart." Many times it is free of charge. Snellen is also putting out a new chart replacing the "E"s with pictures of hands pointing different ways. You may be able to get this new chart at the address above.

Setting up the eye test . . .

1. Place the chart on a bare wall without windows. There should be no glare or bright light within the child's field of vision. A goose neck lamp with metal shade and a 75 watt bulb, placed 5' from the chart should provide adequate light.

2. Seat the child 20 feet away from the chart.

3. Teach the class how to play the E game:

   Tell the children to point their fingers the way the fingers of the E point. Hold up big pictures of the E and make sure the children know how to point their fingers. Practice until they all know how to play the ga.ne.

4. Test each child individually. Use a note card to cover each eye, but make sure you use a separate one on each child. Sometimes cutting a black patch instead of using a plain white card may make the game more interesting.

Testing

5. First test both eyes at once by using this method:

   The child is asked to indicate which direction the E is pointing as the examiner uses a pencil or pointer to indicate specific symbols on the chart. An examiner may point first to the first E on the 20/60 line. If this is passed successfully, go on to the first two symbols on the 20/40 line. If these are passed successfully, go on to the first three symbols on the 20/30 line, and if these are passed successfully, go on to the 20/20 line. Whenever a child fails to identify the position correctly the tester should continue across the same line on the E chart. A line is considered "passed" if more than one-half of the figures on the line are correctly identified.

6. Repeat the same procedure covering the left eye.

7. Then repeat again, this time covering the right eye.

Failing the test

8. The child fails the test if with both eyes, the left eye, or the right eye, he is unable to identify more than half the symbols on the 20/40 line. That is, if the child cannot correctly identify half of the symbols on the 20/40 line with both eyes or with just the left eye or just the right eye, he fails the test.

If the child wears glasses:

9. Leave them on the child and test as usual. A child with glasses fails the test if he can't identify half of the symbols on the 20/50 line with both eyes, or the left eye, or the right eye.

Untestable children:

10. A child who is unable to learn to "play the E game" should be reported as "non-testable" rather than "failed."

Children who are "nontestable" may be given further instructions in the "E" game, either in the classroom or by their parents at home and retested at a later date.

Referral to specialist:

11. Children failing the test should first be retested in a few days. If the child fails the test again, then he would be referred to a specialist (e.g. optometrist).

Records:

12. When you have finished testing the children, place a note in their medical file. It should contain the following information:
    1. Child's name
    2. Date of test
    3. Whether the child passed or failed

STUDY QUESTIONS.

Q-6 How should the eye chart be set up? (where, what kind of lighting?)

Q-7 If the child can read only two out of 4 E's on a line, has he passed the line? Yes No

Q-8 If a child wears glasses, should he take the eye test with the glasses on or off?

III.

Attendance Records: Are they kept in your classroom? They can tell you if a child misses a lot of school days. The child can't be expected to do well in school if he is missing too many days. Absence from school may suggest a number of problems. The child may have a serious health problem and should be seeing a physician. Or the child may not like school. These are problems you might spot using your attendance record.

Remember, it is a Head Start policy to have your social service worker call the family if the child is absent for three days in a row without word from the family.

The chart below is a sample attendance record. What would this record tell you?

NAME	2/10	2/11	2/12	2/13	2/14	2/17	2/18	2/19
Stacy	✓	✓		✓	✓	✓	✓	✓
Brian	✓	✓	✓	✓	✓	✓	✓	✓
Jon	✓	✓	✓	✓	✓	✓	✓	✓
Tori				✓				
Alice	✓	✓	✓	✓	✓	✓	✓	✓
Karen		✓	✓	✓	✓	✓	✓	✓
Mark	✓	✓	✓	✓		✓	✓	✓

Looking over the record I would see that there is some sort of problem with Tori's attendance.

Have your social service worker meet with the parents to find what the problem is.

IV.

Growth Charts: Do you keep these? These are charts that show height, weight, and how large the head is, of every child in the classroom. They can be very helpful in telling you if there are any problems with the child's growth rate, such as:

1. Child isn't growing at all
2. Child is growing too fast
3. Child is unusually short
4. Child has a very large head

If you don't have a chart and would like to make one, here are some directions:

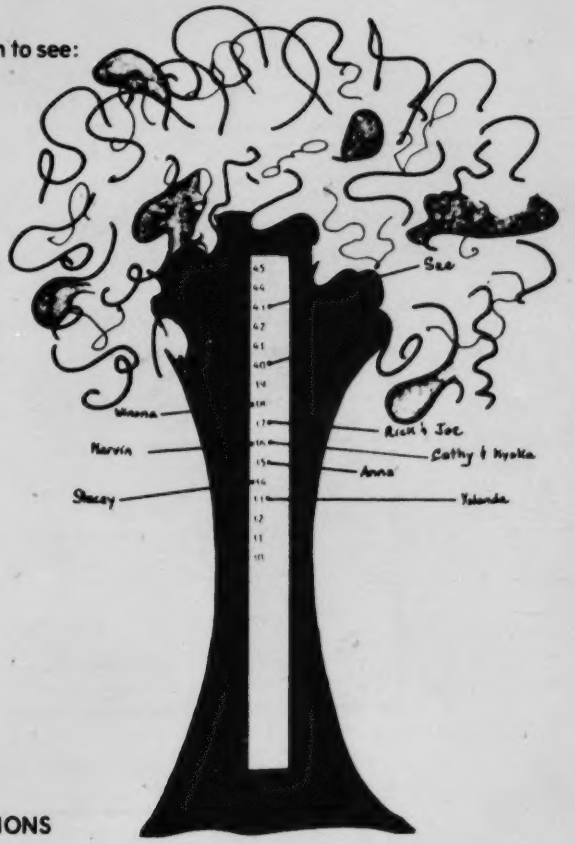
1. Take measurements three times a school year, at the beginning, in the middle (January), and the end.
2. Keep two charts, one for your records and one for the children to see.

The one for your records could look like:

NAME	Weight	Height	Head
Jerry	48	40	20
Linda	40	39	19
Cheryl	45	45	19
Joan	42	42	20
Ronnie	42	38	20
Lauri	38	39	20
Craig	44	37	20

This is a growth chart you could hang up for the children to see:

Paste a yardstick on a large paper tree. Put a mark on the stick where each child's head hits. Then draw a line or use a string to show which child belongs to each dot.



STUDY QUESTIONS

Q-10 Why is it a good idea to keep attendance records?

Q-11 Name one problem that a growth chart might show?

V.

Teacher records: After the child has been examined by a medical doctor and has had his eyes and ears tested, you figure, "If they didn't find anything wrong then the child is O.K.!" Not true! Sometimes special problems aren't very obvious. The physician saw the child for 30 minutes to an hour. But you see the child for four or more hours everyday.

A teacher's records can greatly help in spotting a problem especially if she is careful to watch the child's behavior. Remember, the teacher is **not** a psychiatrist. No one expects her to put a "label" on a child, but she does see the child for the greater part of his day and in many different tasks. The teacher can be the best **observer** the child has. She can carefully watch for behavioral clues that might show a problem or a handicap.

The teacher must remember that she is looking for **long-term patterns** of behavior. Any child may look as if he has a real problem one day and actually be fine all the rest of the year. The teacher **really** should be concerned when a problem behavior shows a strong pattern. For example, a child may fall asleep during group work one day just because he was up late the previous night. But if the child falls asleep **every** day or three days a week, it may mean he has a serious problem which may be withdrawal, poor nutrition, anemia, diabetes, etc.

Be most concerned with problem behaviors that occur frequently.

Use teacher records to spot any problems.

When you write, make sure you use words that every one will understand. The best way to do this is to **report just exactly the behavior you see.** If a teacher reports that a child is "aggressive," it may mean different things to different people. If the teacher reports just what she sees: "The child shouts at other children saying, 'Give me that, that's mine, I want that!'," then other people will know exactly what the problem behavior is. No one will make the mistake of thinking the child hits people or 'sasses' his teacher; they will know for sure that the problem is the child's shouting at other children.

"Aggressive" may mean different things to different people.

Remember, some words mean different things to different people. A few more examples of words that might confuse others might be: anxious, hyperactive, mean, dumb. Try an experiment to see what kind of different meanings you can get from one word. Ask a friend to write the definition of a word you choose from the list above. Now, you write a definition of the same word and compare what you both have written. It will probably be different.

STUDY QUESTIONS

Q-12 Who can be the best observer a child has?

Q-13 What type of problems should a teacher be looking for?

Q-14 When describing a behavior, what sort of words should you use?

A. Notes:

This is a very easy method for spotting a child with a handicap or some special problem . . . just watch the child.

If the child repeats some problem behavior over and over, write a short note about this and put it in the child's file. You might also find it helpful to write down how often the behavior occurs each day. Examples of some problem behaviors might be: crying every day, stealing toys, never speaking to other children.

In some cases you might want to write a note if a very unusual, dramatic behavior happens just once. For example, a seizure or the child destroying part of the classroom.

Here is a sample note:

2/23/75

Sam Starr fell to the floor, started kicking his feet and screaming 3 times today.

MC

B. Story Record:

Sometimes the teacher will just want to write down the story of what she sees. This may make a complicated situation easier to describe. The teacher should try to write down what she observes — this way she won't have to depend on her memory later.

Here is an example of a good story:

Pupil: Cheryl J. Teacher: Johnnie K.
Date: Jan. 1, 1974 Class: 3 & 4 year olds

Today, during free play, Cheryl started to push and shove two younger girls. She took the doll away that they had been playing with. I had to pull the doll away from her to give it back to the two girls. I made Cheryl sit in a chair in the corner. She was crying and yelling, so I made her sit until she was quiet, which was about 15 minutes.

I am going to work on teaching her to ask for toys. I will prompt her to ask, praise her when she asks nicely, and praise her when she is refused but walks away quietly.

This story record is a good one because it has three important parts:

1. **The teacher wrote about exactly the behavior she saw.** "Cheryl started to push and shove." The teacher did not say Cheryl was a "bully" because "bully" may mean different things to different people.

2. **The teacher also wrote down what she did for Cheryl.** "I made Cheryl sit in a chair in a corner . . . until she was quiet." This gives her a record of what method works for disciplining Cheryl. If sitting in the corner worked this time, the teacher may want to use it again.

3. **The teacher noted what she would do to correct Cheryl's problem.** "I am going to work on teaching her to ask for toys." This teacher is already thinking of ways to help Cheryl learn to share. The teacher not only recorded the problem; she suggested a way to correct it.

STUDY QUESTIONS

Q-15 Why would you write notes to put in a child's file?

Q-16 What are three important parts to include in a story record?

C. A behavior Profile:

A behavior profile is a more personal and individual method for describing a child than a checklist. The profile is written to follow an outline which helps the teacher consider three important categories of a child's behavior. These categories are:

1. **Appropriate Behaviors:** What **desirable** behaviors does the child have now? What behaviors would you like to see him do **more** often? What adaptive behaviors does the child have going for him? For example, eating quietly and neatly or sitting quietly while listening to stories.

2. **Inappropriate Behaviors:** What **undesirable** behaviors does the child show? What behaviors would you like to see him do **less** often? What behaviors will lead to trouble if they are not decreased? For example, daily crying spells of 15 minutes each or kicking and biting other children.

3. **Deficit Behaviors:** What behaviors is the child lacking? What behaviors does the child **need** to learn in order to get along better in school and at home? What new behaviors would you like to teach him? For example, speaking more clearly (not dropping endings and making substitutions) or tracing simple figures.

The following is an example of a behavior profile. Notice that **specific** behaviors are listed, not vague general statements.

Sample Behavior Profile

DATE: 2/6/74

CHILD'S NAME: Billy

BIRTHDATE: 8/10/69

TEACHER'S NAME: Betty

Appropriate Behaviors:

1. He can walk, run, dance, and jump freely.
2. He holds crayons and pencils correctly, will color inside the lines.
3. He dresses himself except for small fasteners and tying his shoes.
4. He feeds himself independently except for using a knife.
5. He is toilet trained and goes by himself.
6. He will follow teacher commands without hesitation.
7. He can match 10 colors.
8. He talks in long sentences and can tell stories.
9.
10.

Inappropriate Behaviors:

1. He takes toys away from other children.
2. He will kick and hit at children without provocation.
3. He tantrums and cries frequently during the day.
4. He does not sit quietly in story time.
5.

Deficit Behaviors:

1. He cannot name any of the colors.
2. He cannot count.
3. He cannot perform 2 or 3 tasks in a sequence.
4. He cannot see small objects at a distance of 4 feet, even with glasses.
5.

STUDY QUESTION

Q-17 What are the three behavior categories to include in a "Behavior Profile."

The following is a Behavior Profile form that you can duplicate for your own use.

Behavior Profile

DATE: CHILD'S NAME:

BIRTHDATE: TEACHER'S NAME:

Appropriate Behaviors:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Inappropriate Behaviors:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Deficit Behaviors:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

VI.

Language Screening: Speech difficulty is a very big problem with preschool children. If you are lucky enough to have a speech therapist in the area, have your social service person set up a time for him to come to the center to test the children for speech problems.

If it isn't possible for a speech therapist to come to the center, you can do a little screening yourself. Then, the children that fail the screening can be taken to the speech therapist. This will save the therapist some time.

First, listen to the way the children speak and what they say.

1. Does any child have an abnormal voice tone? Of course, a child's voice won't sound like an adult voice, but is the voice abnormal when compared to the rest of the children?

2. Does any child not know many words that most of the other children do know?

Second, listen to how the children pronounce words. This is called articulation. Below is a short test you can easily give to all the children to see if they are having any articulation problems. For example, if a child says "thoo" for "shoe", that is an articulation problem. Here are some directions for giving an articulation test:

1. Make up a ditto or something that can be copied such as a sheet to be Xeroxed. The sheet should look like this:

Name: _____ Age: ____ Score: ____

1. bird	9. thumb	17. grass
2. toothbrush	10. hiss	18. yellow
3. tack	11. fly	19. game
4. joy	12. twelve	20. cash
5. peace	13. vacuum	21. well
6. loaf	14. carry	22. box
7. mother	15. fox	23. bunk
8. duck	16. nut	24. paper
		25. silly

2. Ask the child to repeat what you say. For example, "Say tack." Child says "tack."

3. If the child can say the circled sound, then put a line through the sound. For example, tack, the child should say the "t" clearly. If he does say the "t" sound, mark the word tack.

4. When you have asked the child to say all the 23 words then you are ready to count up the score. Add up all the sounds with a cross through them (there are 30 possible sounds). Then use the table below to tell if your child should be referred.

Child's Age	Score (total # of sounds the child got correct)
2½	8
3	16
3½	17
4	19
4½	23
5	23
5½	25
6	26

5. Find the child's approximate age, and the score across from the age tells you when to refer the child to a speech therapist. That score and any score below it means that child is having a problem with pronouncing sounds and should be seen by a speech therapist. For example, if a child, age 4.0, scores a 13 on the test, he should be referred.

6. If the child won't speak at all:
   a. if he usually speaks in school — retest on another day.
   b. if he never speaks in school — refer him to speech therapist.

7. The social services worker will set up an appointment with the speech therapist for you.

STUDY QUESTIONS

Q-18 When you are listening to your children speak what two things should you be looking for?

Q-19 What does "articulation" mean?

Q-20 If you tested a child and your score sheet looked like this:

Name: Lonnie Russell Age: 4 Score: ___

1. bird	9. thumb	17. grass
2. toothbrush	10. kiss	18. yellow
3. back	11. fly	19. game
4. boy	12. twelve	20. cash
5. peace	13. vacuum	21. well
6. boat	14. carry	22. box
7. mother	15. box	23. bunk
8. duck	16. nut	24. paper
		25. silly

What would the score be?

Should the child be referred to a speech therapist?

VII.

Checklists: Take a minute and look at the checklists in the back of this unit (Part B).

Sometimes it is easier to spot a child with a special need than at other times. For example, a child who cannot speak, or one that cannot walk is obvious. But what if there is a child who has a special need that is not so obvious, for example, a child (with a hearing loss) who cocks his head to the side. You are the major observer for the whole classroom and with so many children you might not notice a small problem. But if you had a system, you could check every child for problems, several times a year.

The checklists in the back of this unit may be the system you need. Remember, they are informal assessments. These are not I.Q. tests and do not compare a child with any other children. They are like progress records — showing what a child already knows and what he needs to learn. The following will tell you the advantages of the checklists and how to use them:

1. **The checklists do not take long to use.** The teacher needs only to check off items or make short notes about the child. Some of the activities can be scheduled for the class to do as a group. For example, a morning of hopping to music may help the teacher see who can hop on one foot. This is an item from one of the checklists. Another item asks about stacking blocks; the teacher can informally check off items as the children play in the block corner. The teacher will already have seen the children do many of the things she is asked to check.

2. **The checklists do not require any special materials.** The few materials that are used (blocks, tricycle, etc.) are common toys found in most Head Start classrooms. Parents may be able to help check activities that are done at home (like taking a bath) rather than at school.

3. **The tools are fair to the children.** They do not tell you if one child is "smarter" than another — the tools simply let you know if the child is progressing from where he last was. The tools are also fair because they cover many areas. A teacher, in her own notes, may not think of some skill areas; these tools have everything listed for checking. The tools do not require the children to sit for long testing with strangers. The children's own familiar teacher does all the checking.

4. **They can be a big help to YOU.** If you need to consult a professional about a particular child, the checklist can provide a good picture of what the child is like to someone who doesn't know him.

   The checklists can also show you the strengths and weaknesses of your children. This will help when planning class activities. You might plan a few activities to teach missing skills in some of the children.

   Finally, it is easy to assume all your children can do a certain task. Then you use the list and find out the child you were sure could do a task can't do it. By using the checklist you will know for sure.

STUDY QUESTION

Q-21 What are two advantages of using a checklist?

Below are descriptions of two different checklists:

1. **Teacher Observation Form:** (form is located in Part B)

   This form covers six different growth areas and asks questions about the child's behavior in each of the areas. The questions are made so that a "yes" answer indicates some sort of problem. Take the form and go through each question one at a time. You don't have to see the child do it; just answer what you remember about the child.

   If you notice any "yes" marks, these are red flags that mean you will have to work on those problems by getting information. Problems in each growth area should be referred to different specialists:

Language: speech therapist, special education teacher
Learning: mental health clinic, special education teacher
Motor: physical or occupational therapist
Social: mental health clinic, psychologist
Visual or hearing: optometrist, opthamologist, audiologist
General health: county health clinic, physician

Remember, the social service worker will set up appointments with specialists for you. Just tell her what you think the problem is. You may want to copy the "Teacher Observation Form" yourself, or send off for copies from the address listed in Part B of this unit.

2. **Learning Accomplishment Profile — L.A.P.:** (located in Part B)

This form covers six different growth areas. It asks you to judge whether the children can complete specific skills in each of the areas.

1. Write each child's name on the slanted lines at the top of the form.
2. Start with the first skill and see if all the children can do it. If the child can do it place a ✓ in the square. If the child can't do it, leave the square blank.
3. Test all the skills on the list for every child.

How to figure the results:

The column labeled "Dev. Age" means at what age the child should be able to complete the skill. If a child cannot complete skills that are required for his age, then you need to work on that problem. Start with the youngest skill which the child is missing and teach that first. For example, a five year old child can do steps 1 to 7 on Gross Motor, but cannot do 8-11. So you should teach #8 (catch a bounced ball) first. When the child can complete the skill place a ✓ in the box.

People that can help you with problems are:

Gross and Fine Motor: occupational and physical therapist
Social skills: special education teacher
Self help: special education teacher
Cognitive: special education teacher
Language: special education teacher, speech therapist

If you want help from these people, ask your social service worker to set up an appointment for you.

How often to give:

Give this test to all the children at the beginning of the school year. Then in February retest any children that were missing a lot of skills. You may want to copy the LAP in this manual, or send off for copies from the address in Part B of this unit.

STUDY QUESTIONS

Q-22 If you are filling out the "Teacher Observation Form," what does a "yes" answer mean?

Q-23 You are completing the L.A.P. with a 48 month old child. You find he can do skills 1, 2, 3, 6, 7, 8 in the "Gross Motor" section. What skills should you begin to work on immediately?

Summary of Step 1: Identifying the child.

There are many ways you can spot a child with special needs. Here is a list of the different tests and records that were discussed in Step 1.

I. Medical examination by a physical
II. Vision and hearing records
III. Attendance records
IV. Growth charts
V. Reports written by the teacher
   1. notes
   2. story record
   3. behavior profiles
VI. Language Screening
VII. Checklists
   1. Teacher Observation Form
   2. LAP (Learning Accomplishment and Profile)

Step 2: Talk with the Parents

If all the steps above show that the child has no special problems, you won't need the following steps. But if you do find a special problem follow these steps. Parents can probably give the teacher much useful information. They can let her know if they have seen any problems at home, if they know that the child has been sick or upset in some way, and if they know of how she might handle a problem in a way that works at home. Parents will probably have more to say if they can talk to the teacher while observing the class. The child may or may not do things at school that he will do at home. This also gives the parent a chance to show the teacher how he or she handles the child. The parent/teacher lines for talking will probably open faster if the parent really feels invited to help.

Be sure to ask all family members for information...

Don't forget to ask all family members for information; older brothers and sisters or even grandma may add as much as mother and father.

Confirm your observations with the parents and ask if they can give you any additional information. Here are some questions you might ask the parents:

Attendance:

Ask them if the child was really sick or doesn't like some part of school.

Medical records:

Ask them if they have noticed any medical problems, such as coughing all the time. Have they ever had reports from other doctors?

Checklists:

If there is an activity the child can't do at school ask the parent if the child does it at home. If so, have the child do it for you there.

Notes:

Look over the short notes you might have put in the child's file. Notify the parent of any single, very unusual behavior their child might have done. For example, "A couple of days ago Sam just sat and stared for about 5 minutes. He wouldn't talk to anyone and seemed like he was asleep with his eyes open. Does he ever do this at home?"

In addition, if there is any behavior the child repeats very often, again ask the parents if it happens at home, too. **It is important to talk with the parents so you can get extra information regarding any problems you might be concerned about.**

Note: Your social service worker may want to meet with the parents for you. If this is the case, give her a list of questions about the child that you would like answered.

The final step in talking with the parents is to GET THEIR PERMISSION to have the child looked at by a professional. Explain that this will help you better teach their child. The professional will give suggestions on what to teach the child, devices to help the child (such as glasses, hearing aid), medical information, etc.

Remind them that this information is only to be used by professionals and in no case will it be discussed in the classroom, at board meetings, or parent group meetings. It will remain confidential.

To get their permission:

1. Use a permission slip you may have available in your center. OR
2. Have the parent write a brief note stating that they give their permission to have their child looked at by a professional. OR
3. Write your own permission slip. It might look like this:

> I give my permission so that ___(child's name)___ may be professionally evaluated. I understand any findings will remain confidential.
>
> ___(parent's name)___ ___(date)___
>
> ___(parent's name)___

Remember, getting the parents' permission is very important.

STUDY QUESTIONS

Q-24 Why is it so important to talk to the parents?

Q-25 What is the final step when talking to parents (something you shouldn't forget to do)?

Step 3: When to take the child to a Specialist

If you have followed all the steps in the pages you have just read and you find the child has no special problems, then you won't need to do the following steps. But, if you do find a special problem, the child should be seen by a specialist.

There are two reasons for taking a child to a specialist:

1. A medical doctor, nurse, or county mental health worker tells you the child should be taken to a specialist for further testing or examining.

OR

2. You decide the child needs to see a specialist.

How will you decide the child needs to see a specialist?

a. Gather all your records together. These include:
medical records
attendance and growth charts
vision or articulation tests
checklists (LAP or Teacher Observation Form)
story records
teacher notes

b. Have a meeting with your social service person. She should know what each specialist does and where their offices are. If you want a third person at the meeting, ask your health coordinator to help.

c. At the meeting, look at all the records and decide what to do:

1. Send the child to a regular physician with the records and information you have recently gathered. Let the doctor decide whether or not to send the child to a specialist. He can also tell you what specialist to go to. OR

2. Decide on a specialist who takes care of problems similar to the child's problems.

d. Have the social services worker set up an appointment with a regular physician or specialist.

e. When the child goes to the specialist make sure who ever goes with the child finds out:

1. What is the child's problem, specifically?

2. Get all the information possible on the problem.

3. Are there any special precautions? (A child with asthma might not be able to run too much.)

4. What can the teacher do to help?

A list of possible specialists can be found in Part B of this unit.

STUDY QUESTIONS

Q-26 How will you decide if the child needs to see a specialist?

Step 4: Planning Meeting

If a child appears to have a serious problem or handicapping condition, it is wise to gather all the Head Start staff who might be of help in one meeting.

People who should come to a planning meeting:

- teacher
- teacher aide
- education coordinator
- center director
- health coordinator
- social service person
- consulting physician

Materials you might bring:

- attendance records
- vision or hearing tests
- medical records
- growth charts
- checklists
- notes
- story records
- behavior profiles
- information from parents
- information from professionals

What should you plan at the meeting?

A school program for the child to be used immediately
A long term school program to be used to set future goals such as school placement
Possible home activities
(Future units will discuss how to plan these school programs.)

STUDY QUESTIONS

Q-27 Name four of the seven people that should attend the child's planning meeting.

Q-28 What should be planned at the meeting?

Step 5: Trying the suggestions

Once the teacher has gotten suggestions from others and/or made a plan of her own, she is ready to try the method. Units that follow this one will talk about how to plan for changing behaviors and how to check to see if a procedure is really working.

Step 6: Follow-up

Every time a teacher tries suggestions or her own plan, she must remember to follow-up on the problem to see if the suggestions are really helping; did her plan work? A teacher should never be afraid of trying something else. The good teacher keeps working at the problem even if the first try was not successful. Each try should give her ideas of how to make the next plan better.

Follow-up may include retesting, going over checklists and progress records, and maintaining contact with the family. Questions that were asked before should be asked again of the family and concerned specialists.

When the teacher's plan is a great success, she must not stop there. She should watch the problem for some time. If she sees the behavior coming back she can always work at it again before it is once more a problem. The teacher may want to use a successful method in treating other problems too.

STUDY QUESTIONS

Q-29 Why should a teacher follow up on the problem?

To summarize what you have just read in this unit, here are the steps to follow to find out if any of your children have special needs.

1. Identify the child
2. Talk with the parents
3. Get professional advice
4. Have a planning meeting
5. Try suggestions
6. Follow-up

Answers to Study Questions

1. Did the physician suggest the child be referred to a specialist for additional testing?

   Did the physician give any special instructions?

   Did the physician give the child any medication that should be taken during school?

2. Your social services worker

3. How can I, as the teacher, provide extra help to my student with a special need?

4. See if you can get an optometrist to do it for free.

5. The Snellen E does not test near or side vision. It only tests for far vision.

6. Set the eye chart on a bare wall without windows. There should be no glare or bright light. A goose neck lamp with shade and a 75 watt bulb can be used to light the chart.

7. No, a line is passed only if the child can read more than 1/2 of the E's on a line.

8. He should leave them on.

9. Retest that child in a few days.

10. They can tell you if a child is missing a lot of school days.

11. A child isn't growing at all
A child is growing too fast
A child is unusually short
A child has a very large head

12. the teacher

13. long term patterns of behavior
problems that occur frequently

14. words that everyone will understand
report just exactly what you see

15. If a child repeated a behavior over and over

16. What you saw happen
What you did for the child
What you will do to correct the problem

17. appropriate behaviors
inappropriate behaviors
deficit behaviors

18. Does the child have an abnormal voice tone?
Does the child not know very many words most of the other children do know?

19. How words are pronounced

20. 17. The child should be referred for speech therapy. For a 4 year old child a score of 17 or below means the child should be referred.

21. Don't take long to use
Doesn't require special materials
Fair to children
Good picture of what the child is like
Show child's strengths and weaknesses
Let's you know which child can do the tests and which can't

22. There is some sort of problem.

23. skill #4

24. So you can get extra information regarding any problems you might be concerned about

25. A signed parental permission slip.

26. You, your social services worker, and maybe the health coordinator will have a meeting to look at all the information you have gathered (reports, checklists, etc.). You three will decide which specialist.

27. teacher
health coordinator
teacher aide
education coordinator
consulting physician
social services person
center director

28. a school program to be used immediately
a long term program
possible home activities

29. to see if the suggestions are really helping

PRACTICUM ACTIVITY UNIT 2

With the assistance of your trainer, choose one child to work with individually as a project child for the rest of the training practicums. Choose a child who appears to need special classroom work.

For this unit complete two assessment tools on the selected project child:

1. a behavior profile
2. one of the behavior checklists

Part B

Specialists who can give professional advice or help

**Extra Goodies — Read this only if you want.

You as the teacher will probably not take the child to a specialist yourself. Your social services person will do it for you. This section should be read for your enjoyment. If you hear that a child has been referred to a particular specialist, you might like to find out just what this specialist does.

This section will tell about:

1. **The job description for each specialist**

2. **What each specialist will do to the child**
This will describe what a specialist usually does to a child. But different things may be done depending on what's wrong with the child.

3. **What reports and records to bring**
This will list which records will be of help to a specialist. If any of the records listed do not apply, don't send them with the person who is taking the child.

Audiologist

Job Description: This person will test the child's hearing and make recommendations concerning hearing therapy. An audiologist may prescribe a hearing aid. In addition he may prescribe or actually carry out lip reading or listening therapy. Finally, if he believes the child's problem needs medical attention, he will refer the child to a physician.

What will happen: The audiologist will put earphones on the child and play different tones in the earphones. He will ask the child to tell when the tone is played. Based on this test, the audiologist will determine what sort of hearing therapy the child will need.

Materials to bring:
Checklists
Teacher records and notes

Dentist

Job Description: He examines teeth and other parts of the mouth. In addition, he will take x-rays to find cavities, straighten teeth, treat gum diseases, pull teeth, fit false teeth, operate on gums and bones of the mouth and clean the teeth.

What will be done: If the child only needs an examination then the dentist will look in the child's mouth with a mirror and probably pick at the child's teeth with a metal pick. He will also clean the teeth and possibly give the teeth a flouride treatment and x-ray them. None of this will hurt the child. If the child needs to have cavities filled or a tooth pulled then this may be a little painful. The dentist will give the child a shot to deaden pain then drill on the tooth to remove the cavity. The child probably won't feel anything but the shot during the visit. Some dentists use "laughing gas" to deaden the pain. If the use of gas bothers you or the parents, ask the dentist to explain the pros and cons for using gas. If you still don't want the gas used, you and the parents have the right to ask him not to use it.

What to bring: Bring health records if they relate to the child's teeth. If you have made notes when observing the child complaining about a toothache, etc., bring these, too.

Internist

Job Description: This is a doctor who specializes in diseases of the body that can't be treated with surgery. For example, problems that might be treated are allergies, heart disease, high blood pressure, diabetes.

What will be done: The internist will probably want to talk with the parents as well as the child to find out what has happened in the child's medical past. He may want to take some blood or urine from the child for testing. He may also want to have some x-rays done. Finally, he will poke around to make sure everything is in the right place. It all depends on what is wrong with the child. He will be most interested in speaking with the parents at first.

Materials to bring: Previous medical records, attendance records, growth charts, checklists, reports written by the teacher.

Neurologist

Job Description: A neurologist is a doctor who specializes in problems of the nervous system. Examples of problems might be: a spinal injury which causes the person to be paralyzed, loss of feeling in any part of the body, not being able to walk, etc. Examples of handicaps that could be helped by a neurologist might be cerebral palsy or epilepsy.

What will be done: The neurologist will want to talk with the child and parents about the child's medical past. He may want to take some x-rays and a sample of fluid running in the child's spine (spinal tap). He will use something to deaden the pain, however the procedures will hurt. There isn't much you can do about it. In addition, there is some risk involved too. Get the neurologist to explain any possible risks.

The neurologist may also want to do a test called an electro-encephalogram (EEG). The child will lay down on an examining table and the neurologist will place small wires on the child's head with tape. THIS DOES NOT HURT! The machine used in the test will give the neurologist a written picture of the child's brain waves. This picture will help if the doctor needs to prescribe medication for a child who has been having seizures. In addition, sometimes the EEG picture, in combination with symptoms, can give the doctor information about a hidden problem. For example, if the child

has been "blacking out" lately, the neurologist might give an EEG test. If the picture from this test showed that the child's brain waves were very different from most people's then the doctor might look for a cause of the "black outs" within the child's brain, such as a tumor.

Materials to bring:
Previous medical records
Attendance records
Growth records
Checklists
Reports written by the teacher (including any short notes)

Occupational Therapist

Job Description: This is a person who plans and directs activities to help the mentally or physically disabled person to help himself. This therapist is very concerned with improving fine motor skills (any skill that uses the hands). For example, writing, self-feeding, using scissors. The occupational therapist can help a variety of people, those disabled due to an accident, those having poor coordination due to mental retardation, etc.

This therapist may be particularly helpful in designing activities for emotionally or mentally handicapped children. For example, in the case of a mentally retarded child where learning is slower than normal, a four year old retarded child may not be able to feed himself. An occupational therapist may have some good ideas for how to teach this skill. In the case of an emotionally disturbed child the therapist may have some good ideas for teaching the child how to stay working at a task.

What will be done: If you go to this therapist for advice (without the child), she will give you ideas for possible programs and materials that may be useful.

If the child is brought to the therapist's office, the therapist will probably work with the child individually. She may give the child projects which involve the use of the hands, such as stringing beads, etc. The therapist may also just show the child how to do something and then physically guide him through the steps of the activity.

The office will have a lot of different materials which can be used to improve fine motor skills. For example, a rubber ball to squeeze, lots of art materials, special forks and spoons which can help children learn to eat.

Materials to bring:
Checklists
Reports written by the teacher
Reports from a physician

Physical Therapist

Job Description: This is a therapist who will help people overcome problems resulting from muscle, joint, nerve or bone diseases or injuries. This therapist is very interested in "large motor functions" (e.g. walking or jumping).

What will be done: A physical therapist may use many different methods for working with the child. She may have the child do exercises to improve muscle strength. If the child can't do the exercises himself, the therapist may move the child's body parts for him. The therapist may also massage and apply heat to the child's body parts.

She may have lots of equipment which can be used to help teach large motor skills such as bars on the wall to hold on to or sand bags to hold a child's legs down while the child is sitting up. Almost everything a physical therapist does must be okayed by a doctor.

Materials to bring:
Checklists
Medical records

Opthamologist

Job Description: This is a doctor specializing in the diseases and problems of the eye. For example, blindness, "pink eye," or a lack of tear production. Visually handicapped children might be seen by an opthamologist.

What will be done: The doctor will want to talk to the child and his parents to find out about the medical history. Next, the doctor will test the child's vision by having the child look into a machine. He may put drops in the child's eyes and then retest the vision.

If the child has an eye disease, the opthamologist will examine the child's eyes and prescribe medicine, if needed. He is also able to perform surgery on the eye when necessary.

Materials to bring:
Medical records
Result of vision test
Any teacher records relating to the eye

Optometrist

Job Description: The optometrist is a doctor, but does not prescribe drugs of any kind. This person fits and prescribes glasses and eye exercises. He can work with visually handicapped children.

What will be done: He will want to know the child's past history of wearing glasses and will be interested in anything having to do with the child's vision problem. The optometrist will test the child's vision by having him look into a machine. He will then have the child try on different frames to see which fit the best. Finally, he may train the child to do some eye exercises that can improve vision. The optometrist may also want to teach the parents how to help their child with eye exercises.

What to bring:
Results of vision screening
Any teacher notes relating to vision

Orthopedist

Job Description: This is a doctor who specializes in diseases and injuries to muscles, joints or bones. He will be able to help handicapped children who are crippled. An orthopedist can prescribe corrective shoes or braces and wheelchairs. He can put on "casts" to straighten crooked or deformed body parts such as legs. In addition, he may do surgery to correct a bone problem

What will happen: The orthopedist will want to get a medical history from the child and family. He may then take x-rays of the problem bones. In addition, the doctor may poke and pull at the child's bones as part of his examination. Finally he may measure the child for braces, shoes, casts, or a wheelchair.

Materials needed:
Previous medical records
Checklists
Teacher notes

Pediatrician

Job Description: This is a doctor specializing in the physical problems of children.

What will happen: The pediatrician will examine a child in much the same way a regular doctor examines adults. He will be more experienced in working with children and may be more gentle and less frightening. Nevertheless, he will pull and poke as most examining doctors will do.

Materials to bring:
Checklists, previous medical records, teacher notes, growth charts, attendance records.

Clinical Psychologist

Job Description: A person who provides treatment for abnormal behavior (e.g. tantrums, excessive crying, fighting).

What is done: The psychologist will give the child test questions to answer regarding interests, likes, and dislikes and what the child might do in a certain situation. He will also be very interested in what the child has done in the past. For this reason, the parents should meet with the psychologist, too.

A behavioral psychologist will probably not be very interested in testing the child but will want to talk to the parents for a while and then observe the child. He will want to watch the child at school and perhaps at home.

The psychologist will then suggest programs you can use in school or recommend that he carry out the program himself.

Materials to bring:
Attendance records
Checklists
Teacher notes and reports

School Counselor or School Psychologist

Job Description: This is a person who determines if a child has a learning and/or behavior problem and can describe ways to correct the problem for the parents or teacher to use.

What will happen: The child will be given I.Q. tests, and samples of his work may be looked at. The counselor or psychologist will probably want to talk to the parents about the child's past behavior. In addition, he may want to watch the child working on class projects, etc.

Children with severe learning or behavior problems, probably should be taken to a school psychologist as this person is better able to handle these children.

The counselor or psychologist may suggest programs you can carry out or special work books to use. Or they may ask that the child return to see them, so they can carry out the programs themselves.

Materials to bring:
Checklists
Teacher notes and records

Speech Pathologist (Therapist)

Job Description: This is a person specializing in problems of language, speech, or voice. These problems may be caused by hearing loss, brain injury, abnormal mouth structure, mental retardation, or speaking a foreign language. Some problems might be: the child not pronouncing words correctly or not knowing very many words at all.

What will be done: The speech therapist will first give the child a language test. This will consist of having the child name different pictures and pick out certain objects when asked. The therapist will be looking to see if the child knows the words and if he can pronounce them correctly.

If the child has a severe speech problem the speech therapist will probably want to do the therapy by himself. He may give you ideas of how you can help the child learn to speak in the classroom and may want to give the parents some hints on how to help the child learn to speak correctly at home.

Materials to bring: Articulation tests Checklists Teacher notes

Teacher Observation Form

Adapted from:

OCD/BEH Collaborative Project with Head Start Model
Preschool Center for Handicapped Children
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington

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A Teacher Observation Form for Screening Children Who May Require Additional Services

For more copies write:

Model Preschool Center for Handicapped Children
Experimental Education Unit
Child Development and Mental Retardation Center
University of Washington
Seattle, Washington

Ask for:

Teacher Observation Form (for screening children who may require additional services)

TEACHER OBSERVATION FORM

Child's Name: _____ Birth Date: _____

Date: _____ Teacher's Name: _____

LANGUAGE	yes	no	some-times
1. Is the child unable to use two and three-word phrases to ask for what he wants?			
2. Is the child unable to use complete sentences to tell you what happened?			
*3. When the child is asked to describe something, he is not able to use at least two or more sentences to talk about it?			
4. Does the child ask very few questions?			
5. Does the child seem to have difficulty following directions?			
6. Does the child respond to questions with the right answers?			
7. Does the child seem to talk too softly or too loudly?			
8. You are not able to understand the child.			

LEARNING			
9. Does the child seem to take at least twice as long as do the other children to learn pre-academic concepts?			
10. Does the child have difficulty attending to group activities for more than five minutes at a time?			
11. Does the child appear extremely shy in group activities-for instance, not volunteering answers or answering questions he is asked, even though you think he knows the answers?			

* Question applies if child is four years or older.

MOTOR	yes	no	some-times
12. Does the child continuously switch a crayon back and forth from one hand to the other when he is coloring?			
13. Do the child's hands appear clumsy or shaky when he is using them?			
14. When the child is coloring with a crayon, does the hand that he is <u>not</u> using appear tense (for instance, clenched into a fist)?			
15. When the child walks or runs, does one side of his body seem to move differently from the other side? For instance, does the child seem to have better control of the leg and arm on one side than on the other?			
16. Does he lean or tilt to one side when he is walking or running?			
17. Does the child seem to fear or not be able to use stairs, climbing equipment or tricycles?			
18. Does the child stumble often or appear awkward when he moves?			
19. Is the child not capable of dressing himself except for tying his shoes?			

SOCIAL	yes	no	some-times
20. Does the child engage in at least two disruptive behaviors a day (tantrums, fighting, screaming, etc.)?			
21. Does the child appear withdrawn from the outside world (fiddling with pieces of string, staring into space, rocking his body, banging his head, talking to himself, etc.)?			
22. Does the child play alone and seldom talk to the other children?			
23. Does the child spend most of the time trying to get attention from the adults?			
24. Does the child have toileting problems at least once a week (wet or soiled)?			

VISUAL OR HEARING	yes	no	some-times
25. Do the child's eye movements appear jerky or not coordinated?			
26. Does the child seem to have difficulty seeing objects? For instance, does he: tilt his head to look at things? hold objects close to his eyes? squint? show sensitivity to bright lights? have uncontrolled eye-rolling? complain that his eyes hurt?			
27. Does the child appear awkward in tasks requiring eye-hand coordination such as pegs, puzzles, coloring, etc.?			
28. Does the child seem to have difficulty hearing? For instance, does he: consistently favor one ear by turning the same side of his head in the direction of the cound? ignore, confuse, or not follow directions? pull on his ear or rub his ear frequently, or complain of earache? complain of head noises or dizziness? have a very high or very low or monotonous tone of voice?			

GENERAL HEALTH	yes	no	some-times
29. Does the child seem to have an execessive number of colds?			
30. Does he have frequent absenses because of illness?			
31. Do his eyes water?			
32. Does he have discharge from: his eyes? his ears?			
33. Does the child have sores on his body or head?			
34. Does the child have periods of unusual movements (like rapid eye blinking) or "blank spells" which seem to appear and disappear without relationship to the social situation?			

GENERAL HEALTH (continued)	yes	no	sometimes
35. Does he have hives or rashes? Does he wheeze?			
36. Does he have a persistent cough?			
37. Is he excessively thirsty? Ravenously hungry?			
38. Have you noticed any of the following conditions: constant fatigue? irritability? restlessness? tenseness? feverish cheeks or forehead?			
39. Is the child overweight?			
40. Is he physically or mentally lethargic?			
41. Has he lost weight without being on a diet?			

L.A.P.

The Learning Accomplishment Profile—

Smithfield Revision

by Anne Sanford

Collaboration between Chapel Hill Training-Outreach Project AND Johnston County, N. C. Community Action, Inc. to Serve Young Handicapped Head Start Children.

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Director
Lincoln Center
Chapel Hill, North Carolina

Franklin J. Matthews
Director--Head Start Program
Johnston County, North Carolina

Ask for:

Copies of L.A.P.--Smithfield Revision

LEARNING ACCOMPLISHMENT PROFILE

NAMES

GROSS MOTOR	Dev. Age												
1. Pedal tricycle	24												
2. Walk on tiptoe	30												
3. Balance on one foot 5 seconds	36												
4. Walk on a line	36-48												
5. Go upstairs using alternating feet	36-48												
6. Squat in play	36-48												
7. Run	36-48												
8. Catch bounced ball	36-48												
9. Hop on one foot	36-48												
10. Balance on one foot for 10 sec.	36-48												
11. Climb ladder and trees	48-60												
12. Walk backward heel to toe	56												
13. Skip on alternate feet	60-72												
14. Can jump rope	60-72												
15. Use overhead ladder	60-72												
16. Dance to music	60-72												
17. Hop 2-3 yards forward on each foot separately	60-72												

GROSS MOTOR (continued)	Dev. Age
18. Walking board: walks a 6 cm(about 3 inch) board for full length	60
FINE MOTOR	
1. Has well-developed handedness	24-29
2. Can roll, pound, squeeze, pull clay	24-29
3. Fills and dumps containers with sand	24-29
4. Formboard: Adapts in 4 trials	24
5. Enjoys finger painting	30-35
6. Paints strokes, dots and circular shapes on easel	30-35
7. Cuts with scissors	35
8. Picks up pins, threads, etc., with each eye separately covered	36-48
9. Drives nails and pegs with a hammer	36-48
10. Builds tower of 9 cubes	36-48
11. Strings 4 beads	36-48
12. Can close fist and wiggle thumb in imitation right and left	36-48
13. Puts 6 round pegs in round holes on a pegboard	36-48
14. Imitates building of bridge with cubes	36-48
15. Builds tower of 10 or more cubes	48-60
16. Imitates folding and creasing paper 3 times	48-60
17. Folds triangle from paper 6" square in imitation	48-60
18. Learns to lace shoes	60-72

FINE MOTOR - WRITING	Dev. Age
1. Imitates horizontal line	24
2. Imitates vertical line	24
3. Imitates V stroke	24
4. Imitates circular stroke	24
5. Holds crayon by fingers	30
6. Imitates H strokes	30
7. Copies circle	36
8. Imitates cross	36
9. Copies V, H, T	36-48
10. Traces diamond	42
11. Copies cross	46
12. Draws man with 2 parts	48
13. Adds 3 parts to incomplete man	48
14. Draws simple house	48-60
15. Prints a few capitals	48-60
16. Prints capital initials of own name	48-60
17. Copies square	56
18. Copies triangle	60-72
19. Copies rectangle with diagonals	60
20. Draws house with door, windows, roof, and chimney	60-72
21. Prints first name	60-72
22. Draws recognizable man with head, trunk, legs, arms and features	60-72
23. Adds 7 parts to incomplete man	60-72
24. Prints numbers 1-5	60-72
25. Copies diamond	72

SOCIAL SKILLS	Dev. Age																
1. Initiates own play activities	24																
2. Helps put things away	30																
3. Plays simple games, as "Ring Around the Rosy"	30-35																
4. Domestic make-believe play	30-35																
5. Observes other children at play and joins in for a few minutes	30-35																
6. Listens attentively to stories	36-48																
7. Asks for favorite stories	36-48																
8. Enjoys floor play with blocks, etc.	36-48																
9. Understands taking turns	36-48																
10. Performs for others	44																
11. Carries a tray	36-48																
12. Associative group play takes place of parallel play	42																
13. Imaginative pretend play	36-48																
14. Plays cooperatively with other children	48																
15. Plays competetive exercise games	48-60																
16. Shows concern and sympathy	48-60																
17. Calls attention to own performance	54																
18. Performs simple errands	60-74																
19. Understands needs for rules and fair play	60-74																
20. Respects property	60-66																
21. Plays complicated floor games	60-74																
22. Plans and builds constructively	60-74																
23. Relates clock time to daily schedule	60-74																

SOCIAL SKILLS (continued)	Dev. Age														
24. Gets along well in small groups	60-74														
SELF HELP															
1. Verbalizes toilet needs fairly consistently	24														
2. Pulls on simple garment	24														
3. Lifts and drinks from cup and replaces on table	24-29														
4. Spoon feeds without spilling	24-29														
5. Takes off shoes, hat, mittens	24-29														
6. Unzips zippers	24-29														
7. Eats with fork	28														
8. Buttons one button	31														
9. Dresses with supervision	32														
10. Puts on coat unassisted	34														
11. Gets drink unassisted	24-36														
12. Dries own hands	24-36														
13. Unbuttons accessible buttons	36-48														
14. Spreads butter on bread with knife	36-48														
15. Pours well from pitcher	36-48														
16. Washes and dries own hands and face unaided	36-48														
17. Pulls on shoes	36-48														
18. Brushes teeth	42														
19. Cares for self at toilet	45														
20. Buttons 4 buttons	50														
21. Can brush and comb hair unaided	60-72														
22. Crosses street safely	60-72														

	COGNITIVE	Dev. Age												
1.	Joins in nursery rhymes and songs	24-49												
2.	Can point to hair, hands, feet, nose, eyes, mouth on request	24-29												
3.	Answers questions such as "what do you hear with?"	29												
4.	Associates use with objects	30												
5.	Enjoys simple stories read from picture book	30-35												
6.	Recognizes himself in photograph	30-35												
7.	Repeats 2 digits	30-35												
8.	Listens to musical instruments including record player	30-35												
9.	Participates in storytelling (with words and phrases)	30-35												
10.	Labels mud and clay products	30-35												
11.	Names 6 of 6 common objects: flag, chair, car, box, key, fork	30-35												
12.	Can point to teeth and chin on request	34												
13.	Knows sex	36												
14.	Matches 2 primary colors	36-48												
15.	Can point to tongue, neck, arm, knee, thumb	43-48												
16.	Tells action in pictures	36-48												
17.	Can name 10 pictures of 18 common objects	36-48												
18.	Can count 2 blocks	36-48												
19.	Puts together 7-piece puzzle	36-48												
20.	Shows appreciation of past and present	40												

COGNITIVE	Dev. Age
21. Comprehends 3 prepositions (on top of, under, inside)	42
22. Can find pictures of animals (on top of, under, inside)	42
23. Can give sensible answer to "Why do we have stoves?" etc.	42
24. Compares textures	48
25. Responds correctly to "A hat goes on your head. Shoes go on your _____."	49
26. Names 14 of 18 pictures of common objects	48-60
27. Names materials objects are made of	54
28. Knows day and night	54
29. Compares 3 pictures (which is prettiest?)	54
30. Tells pictorial likenesses and differences	54
31. Follows 3 commands in proper order	54
32. Counts 4 objects and answers how many	54
33. Can make opposite analogies	48-60
34. Names 4 colors -- red, yellow, blue, green	48-60
35. Appreciates past, present & future	48-60
36. Can define 6 words	48-60
37. Gives home address	60-72
38. Acts out story	60-72
39. Knows names of following coins: dime, penny, nickle	60-72

	COGNITIVE (continued)	Dev. Age														
40.	Learns left from right	60-72														
41.	Can tell similarities in 9 of 12 pictures	60-72														
42.	Can count 6 objects when asked "how many?"	60														
43.	Can tell which is bigger when asked "Which is bigger, a cat or a horse?"	64														
44.	Can tell what number follows 8	66														
45.	Can tell how a crayon and pencil are alike and how they are different	70														
46.	Understands numbers up to 10	72														
	LANGUAGE															
1.	Uses 3 word sentences	24														
2.	Uses pronouns I, me, you (but not always correctly)	24														
3.	Imitates words	24														
4.	Understands concept "one"	30														
5.	Says a few nursery rhymes	30-35														
6.	Can whisper	36-48														
7.	Can change voice to faster rate	36-48														
8.	Can increase volume of voice	36-48														
9.	Can repeat 3 digits	36-48														
10.	Asks many questions beginning "who", "where", "what"	36-48														
11.	Uses plurals	36-48														
12.	Can repeat a 6 word sentence	41														
13.	Verbalizes sounds b, p, m, w, h	36-48														

LANGUAGE, cont.	Dev. Age																
14. Names own drawing	36-48																
15. Relates experiences, describes activities	36-48																
16. Uses most frequently: I, it, you, that, a, do, this, not, the	36-48																
17. Articulates not in infantile style	54																
18. Gives age and birthday	48-60																

UNIT 3

Motivating and Promoting Appropriate Classroom Behavior

You have probably watched many an angelic-looking child sleeping sweetly and said to yourself, "Boy, I wish he could be that good when he's awake." I can't think of many a teacher who doesn't wish all of her children would behave like angels just a little more often. Sure, everyone enjoys the mischief only children can make, but sometimes a teacher wishes she could see more of their "good" behavior and have a little less of their mischief. You, working with preschoolers, are especially worried about getting these little ones ready for kindergarten, where they must learn to stay seated and quiet for stories and work, get along in groups, and sometimes work alone on projects. Kindergarten teachers thank you for that, too — they want children who will walk quietly down the hall, use the bathroom without dawdling, and eat lunch without fighting — it makes their job easier. What can you do to help increase those good classroom behaviors? How can you motivate a preschooler to behave better? Certainly you have some ideas that are working well for you now. This unit may give you ideas to add to those you use now or may help you use your own ideas more effectively. This unit tells about using rewards or reinforcers **systematically** to increase the child behaviors you want.

A Reinforcer

A reinforcer and a reward are **almost** the same thing. You give a reinforcer or a reward after someone has done something you liked. When someone gives you a present - you write a thank you note. When your little girl changes clothes after school, you give her a cookie. When your husband takes you out to eat, he gets an extra number of smiles and hugs. If someone saves your life he gets a medal. A reward is usually a standard gift for doing something well; for example, blue ribbons and gold stars are well known rewards. If a reward is really a reinforcer, a person is more likely to repeat the behavior that was reinforced. If I get a five-dollar bill as a reinforcer for returning you lost dog, I will probably happily bring the dog back to you whenever I find him wandering. If you only rewarded me for returning your dog with a thank you, and that was not a reinforcer for me, I might just never return the dog again. A gold medal may be the reward for going to fight in a war **but** it may not be a reinforcer. A soldier may not volunteer for battle again no matter how many gold medals he was given. **Remember, a reward and a reinforcer are slightly different things. A **reward** usually means a money prize, a blue ribbon, a gold star or something desirable. A **reinforcer** is an event or object that increases the behavior it follows. A reward can be a reinforcer, but it **must** increase the behavior it follows. For example:

The teacher gives Delia a gold star for drawing a picture of a cat. Delia draws another page of cats the next day. The gold star is a reward, but it's also a reinforcer in this case.

If you give someone something that is reinforcing for some behavior he will probably be more likely to behave that way again in the future. For example, if you put a coin in a slot machine and win the jackpot, and that jackpot is a reinforcer for you, you are likely to keep using that machine. Getting the jackpot reinforced your behavior of putting coins in the slot machine. A reinforcer, when given following a behavior, increases the likelihood of that behavior happening again. Suppose you won a jackpot everytime you used that slot machine. It is very likely that you would do a lot of gambling on that slot machine. Even if you only won the jackpot a couple of times, your gambling would probably increase.

A reinforcer may not necessarily be healthy or honorable, etc., but it reinforces the behavior. Some examples of possible reinforcers are: chocolate cream pie, hugs, money, gold stars, praise, a trip to Florida, or a pet snake. Reinforcers are different things for everyone — some things that one person thinks are reinforcing, another person would hate. Your ten-year-old nephew might get straight A's in school if you give him a pet snake for each A he earned. You would probably leave town if someone started giving you pet snakes. It is not how "nice" a thing is that makes it a reinforcer — it is how it effects behavior.

The important thing is that a reinforcer increases the behavior it follows.

Q-1 Are a reinforcer and a reward **exactly** the same thing? (yes or no)

Q-2 Is a gold star always a reinforcer?

Q-3 What happens to the behavior that is reinforced?

Q-4 Is a reinforcer always healthy or good? (yes or no)?

Q-5 Are reinforcers the same things for everyone? (for example, candy would be a reinforcer for everyone?) (yes or no)

Q-6 Which of the following situations show examples of reinforcers?

A. Jody sets the table for dinner. His mother gives him an extra helping of canned peaches. The next day Jody sets the table without his mother asking him to do it.

B. Sammy clears off the table after snack time and the teacher gives him a big hug and says, "Thank you, Sammy — you are a big helper," but Sammy never clears the table after snack time again.

C. Stacey is writing her name on a paper. The teacher comes up and says, "Look everyone. Stacey can write her name." Stacey turns red and doesn't write her name on paper anymore.

D. Benji is stacking blocks and Anna asks if she can play with him. Benji says, "Sure," and the two children begin stacking blocks together. The teacher comes up and says, "Thank you, Benji. You and Anna are playing so nicely together." Benji and Anna play together for the rest of the week.

Choosing a Reinforcer

There are an unlimited number of things that could be used as reinforcers, however, you shouldn't assume that what is a reinforcer for one person is also a reinforcer for another. One child may **love** M&M's but another may **hate** them. Likewise, praise may be a great reinforcer for one child and may mean nothing to another.

A simple way to decide what might be a good reinforcer is to **watch a child.** What would the child take first if you offered him several different things? What activities does he prefer: sitting in your lap, reading a book, playing in water? You probably have a good idea of what each of your children especially likes.

A sure way to check a reinforcer is to watch its effect on behavior.

1. Choose a behavior and count the number of times it occurs.
2. Now everytime you observe the behavior, immediately present the reinforcer you are checking.
3. If the behavior increases then you have a real reinforcer.

Choose a reinforcer that works for each child individually.

This is what one teacher did to choose a reinforcer for one of her four-year-olds:

Sally was having a very hard time learning to sit still during story time and nap time. Her teacher wanted to find something she could use to get Sally to sit still longer. The teacher was afraid that if Sally did not learn to sit still she would not learn to pay attention and paying attention would be important when Sally got to kindergarten.

1. First the teacher decided to see how long Sally could be still during story time and nap time. Story time was scheduled for twenty minutes each day and nap time lasted thirty minutes. Sally's teacher used her watch to keep track of how long Sally sat still during each session. The teacher counted the minutes Sally sat on the rug during story time and during nap time. This is what her record looked like.

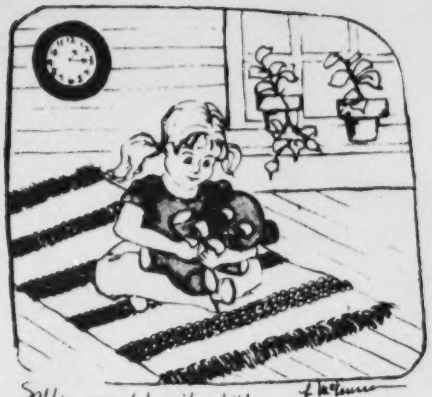
Sally's Sitting

	Mon.	Tues.	Wed.	Thurs.	Fri.
Story time:	5 min.	7 min.	4 min.	5 min.	6 min.
Nap time:	6 min.	8 min.	5 min.	7 min.	8 min.

The teacher counted sitting for a whole week.

2. Next Sally's teacher chose a reward to check as a reinforcer. The teacher thought of the toys and activities Sally seemed to like: riding the rocking horse, bouncing a basketball, playing with a favorite teddy bear, and dancing. The teacher also asked Sally's mother what kinds of things Sally liked at home. Sally's mother thought of chocolate milk, playing outside, and playing in water. From this list Sally's teacher chose one reward that would be easy for her to keep close at hand and could be given to Sally quickly and without disturbing the other children. Rewards like playing outside and dancing were not practical, so Sally's teacher chose the teddy bear.

Now, after Sally had sat still for at least four minutes the teacher gave her the teddy bear to hold. As long as Sally continued to sit quietly she was allowed to keep holding the bear. When Sally stopped sitting still the teacher took away the bear until Sally was quietly sitting again.



Sally would sit still longer when she got the teddy bear.

3. **All this time Sally's teacher kept counting the minutes that Sally could sit still. This is what her data looked like during the week Sally was given the teddy bear for sitting:**

Sally's Sitting

	Mon.	Tues.	Wed.	Thurs.	Fri.
Story time:	8 min.	12 min.	15 min.	20 min.	20 min.
Nap time:	10 min.	13 min.	18 min.	22 min.	25 min.

You see that Sally is sitting for more and more time. Sally's sitting behavior is increasing. The teddy bear really was a reinforcer for Sally.

Q-7 What is a simple way to decide what may be a good reinforcer for a child?

Q-8 What are the three steps to check a reinforcer by watching its effect on behavior?

Q-9 What behavior did Sally's teacher want to increase?

Q-10 What did Sally's teacher count?

Q-11 What were some of the activities Sally seemed to like?

Q-12 What reward did Sally's teacher decide to use?

Q-13 What happened to Sally's rate of sitting still after the teacher started using the teddy bear?

Q-14 Was the teddy bear a reinforcer? (yes or no)
How do you know?

Q-15 What is the important thing a reinforcer always does to the behavior it follows?

Types of Reinforcers

It may be easier for a teacher to choose possible reinforcers if she thinks of the three kinds of reinforcers.

One kind of reinforcer is a **primary reinforcer**. Primary reinforcers are things that are reinforcers for almost all people. These reinforcers are effective almost from birth. The most used primary reinforcer is food. Even a tiny baby's behavior can be reinforced with food. Some other primary reinforcers are warmth and sex. The warmth of physical contact from a big hug is a primary reinforcer.

Primary reinforcers are effective almost from birth, e.g. food.

Another kind of reinforcer is a **conditioned reinforcer**. Conditioned reinforcers become reinforcing because they have been paired with other reinforcers. Attention and praise have usually been paired with warmth and food from infancy. Reading books or playing ball may have become reinforcers because they have been paired with attention.

Sometimes you would like a specific thing to be a reinforcer. This is often the case with praise. You would like to be able to praise a child and know that the praise would increase (reinforce) his behavior. Some preschoolers could care less if they are praised or not — it doesn't mean anything to them. You can make praise more reinforcing by pairing it with something the child values, like hugs or candy. You can start by always praising a child at the same time you hug him or give him candy. Gradually drop out the hugs and candy from time to time. Eventually the praise will mean as much as a hug or candy to the child. The praise will be a conditioned reinforcer.

All people have a number of different and individual conditioned reinforcers. A doctor may be a very reinforcing person for me, but doctors may not have been paired with good things for you. This helps explain why something may be reinforcing for one person and not for another.

Conditioned reinforcers have been paired with other reinforcers.

Q-16 What type of reinforcers are things that are reinforcers for almost everyone? These reinforcers are effective almost from birth.

Q-17 What are two examples of a primary reinforcer?

Q-18 How do conditioned reinforcers become reinforcing?

Q-19 What can you do to make praise **more** reinforcing?

Q-20 Name one of your own primary reinforcers.

Q-21 Name one of your own conditioned reinforcers.

The third kind of reinforcer is a **generalized reinforcer**. Generalized reinforcers are reinforcers that can be used to get to more than one other reinforcer. The best example of this is money. Money is a generalized reinforcer that lets you get food, books, movies, or any of many other reinforcer choices. Generalized reinforcers are easy to use because you do not have to choose the object that will be reinforcing for another person; the person does his own choosing. Your boss pays you money rather than trying to choose the kind of food or clothes that would be reinforcing for you. The money is reinforcing because you can choose how and on what you will spend it.

You could make gold stars, points, marks on the blackboard or other objects work as generalized reinforcers. You do this by using the gold stars, etc., like money. A child may be allowed to trade-in the gold stars to buy one of a list of possible reinforcers. For example, for ten gold stars he might be able to buy:

1. play time with paints
2. water play
3. extra time outside
4. two marbles

You pair something with a list of possible reinforcers for which the generalized reinforcer can be exchanged. Your list of activities, toys, games, or whatever can be different every day.

Generalized reinforcers can be used to get many different types of reinforcers.

Q-22 Generalized reinforcers are reinforcers that can be used to get what?

Q-23 What is the **best** example of a generalized reinforcer?

Factors Which Affect How Well a Reinforcer Works:

You want to put your reinforcers to the best possible use. You must remember that there are some things which effect how well a reinforcer will increase a behavior.

First, a person can get too much of a good thing. This is called **satiation**. Satiation may happen if a child gets **too much** of one kind of a reinforcer. A child may like M&M's, but they probably won't be what he wants if he has already eaten five pounds of them that day. Playing in a sand box may be reinforcer for a couple of days but may lose its reinforcing powers if that is all a child gets to do every day. A person just may become **satiated** or full of one kind of reinforcer.

1. Use a variety of reinforcers. Change one kind of reinforcer for another every now and then. Don't expect a child to work for the same teddy bear day after day. Find a variety of reinforcers and switch occasionally.

2. Use a generalized reinforcer. Give a child stars or something he can trade for the reinforcer he wants at the time. Have a list of things the child can choose from and change the list from time to time.

3. Give the reinforcer in small quantities. If a child likes to have stories read to him, read him a page at a time instead of finishing the whole book. Let a child play for a few minutes, work for a few minutes more, and then play again. Make many small reinforcers from one large activity.

Immediacy is very important in reinforcing behavior. You should give the reinforcer just as soon as you see the behavior happen. Don't wait until the end of the day, don't even wait five minutes. To be strongest the reinforcer must be given immediately following the behavior.

Consistency is a must for increasing behavior. At first reinforce the behavior **every time** you see it and let other teachers or parents know what you are doing so they can also reinforce a behavior. Don't reinforce a behavior one day and forget it the next. Be consistent.

Make the reinforcer specific. Let the child know what he is getting reinforced for. For example, Toby shares his crayons with Doris. The teacher goes up to Toby and pats him on the back. How does Toby know what he is getting reinforced for? The teacher probably would find the reinforcer can be more effective if she makes it specific. A better way to reinforce Toby could be to pat Toby on the back while saying, "Toby, I like the way you shared your crayons with Doris."

After you have increased the behavior to a high rate you may maintain it by only reinforcing it part of the time. Reduce your reinforcers **gradually**, don't reinforce a behavior one day and stop reinforcing it the next. Be consistent. Eventually you will want behaviors reinforced only some of the time; this is a more natural situation.

Remember, what works well with one child or with one teacher may not work with another. Keep in mind the basic rules about reinforcers, but also remember to be flexible in what reinforcer you use, how you use it, and what other methods must be used with reinforcement.

To make reinforcers more effective: prevent satiation, make them immediate and consistent and specific.

Q-24 How may satiation happen?

Q-25 What are two ways to prevent satiation?

Q-26 How important is immediacy in reinforcing?

Q-27 How can you make a reinforcer specific?

Q-28 How often should you reinforce a behavior **at first?**

Q-29 How fast should you reduce the number of your reinforcers?

Q-30 In a more natural situation how often will you want behaviors reinforced?

Supplementary Reading

Living with Children, New Methods for Parents and Teachers.
Gerald R. Patterson and M. Elizabeth Gullion

Research Press
Post Office Box 2459, Station A
Champaign, Illinois 61820

Chapters 2 and 5

Answers to Study Questions

1. no

2. not always, if it doesn't increase the behavior it follows then it is not a reinforcer

3. It is more likely to happen again. Its rate increases.

4. no

5. no

6. a. reinforcer
   b. not a reinforcer
   c. not a reinforcer
   d. reinforcer

7. Watch the child to see what he seems to prefer.

8. 1. Choose a behavior and record how many times it occurs.
   2. Now everytime you observe the behavior, immediately present the reinforcer you are checking.
   3. If the behavior increases then you have a real reinforcer.

9. sitting still

10. the number of minutes Sally sat still during story time and nap time

11. playing in water, dancing, playing with a teddy bear, riding a rocking horse, bouncing a basketball, drinking chocolate milk

12. the teddy bear

13. It increased.

14. Yes, because the behavior it followed increased.

15. increases the rate of the behavior it follows

16. primary reinforcers

17. warmth, sex, food, etc.

18. They have been paired with other reinforcers.

19. Pair it with something the child values.

20. } your own answers
21. }

22. more than one other reinforcer

23. money

24. if a child gets too much of one kind of reinforcer

25. 1. Use a variety of reinforcers.
    2. Use small quantities of a reinforcer.
    3. Use a generalized reinforcer.

26. very important

27. Tell the child why you are reinforcing him.

28. every time

29. gradually

30. intermittently (not every time)

Practicum: Identifying Reinforcers

Unit 3

Observation Sheet

Observe from within the classroom. Try to make yourself part of the wallpaper. Don't pay attention to children who may come up to you. Just sit quietly and watch. Choose one child to observe, preferably the one on which you did the behavior checklists.

Try to answer the following questions:

1. What objects (toys, games, books) does the child seem to enjoy?

2. What activities (running, singing, rocking) does the child seem to enjoy?

3. What is the teacher using to reward the child's behavior? (praise, candy, stars)

   Does the reward(s) look like it is increasing the child's behavior? Is it a reinforcer?

4. If you were the teacher, what kinds of things would you try to reinforce the child's behavior?

5. How would you give out the reinforcers? Would a child get so many minutes worth of activity or so much quantity? How would you dish out the reinforcer, how much and how often?

6. What behaviors do you see that should be reinforced (increased)?

UNIT 4

Evaluating Instructional Techniques

You have already read in previous units about how important it is to have complete and understandable records about your child. You can see that attendance and medical records, behavior checklists and behavior profiles, and even "story" records on a child can let you pinpoint the problems he may be having and help you describe his behaviors to someone else. These records let you know at what level a child is working and let you follow his progress from there. It is also useful to record certain **specific** child behaviors which you may be trying to change. This gives you a picture of how the behavior is increasing or decreasing and lets you know if your teaching method is really changing the behavior in the way you want. Recording behavior helps you evaluate your own instruction.

After you have decided what behavior you would like to change and what rewards or method you will use to change the behavior, **stop** to think about how you can **organize** your procedure so that you can really see if your teaching is doing the job.

The following pages give you some guidelines to follow and an example of how one teacher used them.

I. Writing the definition

The only way to see if your procedure is really working is to look at the behavior you are trying to change. To get a good picture of this behavior you are going to have to write down what you see. This is called "recording behavior."

There are a few more rules to follow so that recording can be easier and more accurate. Here they are:

DEFINE THE BEHAVIOR YOU ARE GOING TO WATCH OR WANT TO CHANGE:

You must name **exactly** what behavior you are counting. If you have really described it well then anyone else could watch and count it, too. This is especially important in cases of complex behaviors like crying or aggression. If you are counting "crying" and have not written a description of exactly what the behavior is, you may find yourself counting only loud tearful crying one day and then including whining the next day. Will swearing, biting, kicking, and hitting count as 'aggression" or will only biting be counted?

When you describe the behavior, use words that everyone will know. Here is a description that would be hard to follow:

"I will be counting every time George is nasty to any other child."

How does anyone else know what I mean by nasty? Does nasty mean when George swears? Or does it mean when he shoves someone? A much better description would be:

"I will count every time George swears, pushes, trips or hits another child or teacher."

Remember, the definition will probably be unique for each child. George may be aggressive in a different way than Sally. The same definition may not be right for both children.

Define exactly what behavior you are going to watch.

Remember, the definition will probably be unique for each child.

After you have defined the behavior then you may want to write down **"where" you are going to count behavior.** This can be important if the behavior you are watching should be counted in only one place (e.g. lunchtime). In some cases it won't matter where you should count the behavior, but other times it may.

For example, you are counting Lance's "food stealing" at lunch and snacktime. Then it would be important to include "where" you will be counting "food stealing." Here is a good definition:

"I will be counting every time Lance touches a piece of food that is on another child's plate. I will only be counting during snack and lunch time."

Here is an example where it doesn't matter if you write down "where" the behavior occurs:

"I will be counting every time Tina wets her pants."

In this example it wouldn't matter where Tina wets her pants; you should count it every time the behavior occurs.

****In your definition, you should always include:**

1. **The child's name**
2. **Exactly what behavior you are going to watch**

Sometimes you should also include:

3. **"Where" the behavior is going to be counted**

Here is a sample of a good definition:

> Sally's teacher noticed that Sally did not seem to use the other children's names. Sally would say, "Hey you," or call others "that boy" or "that girl." Just to check her hunch, Sally's teacher decided to see if Sally could name the 15 children in the class. First, the teacher wrote down her definition of naming:
>
> "Naming: Sally will be able to clearly and correctly say the name of any child in the class when the teacher points to a child and says, "What is his (her) name?".

This is a good definition because:

1. It used the child's name (Sally).
2. It described the behavior exactly ("Say the name clearly and correctly when teacher asks")

Q-1 What are two things that should always be included in a good definition?

II. Trying out the definition

After you have written your definition try it out. This will tell you if it is a good one or if it needs a little work.

First: Give the definition to another adult to read.

Second: You and another adult watch the child (using the definition) and count the number of times the behavior occurs. Make sure you and the other adult can't see each other's paper.

Third: Compare what you have recorded with what another adult has recorded.

If you both say the behavior occurred the same number of times, great! You have a good definition.

But if you both counted different numbers then you have some work to do.

1. Maybe the two of you are counting slightly different behaviors. For example: You both are observing Bobby's hitting behavior. You are counting only punches while the other adult is counting punches and shoves.

2. Get together and decide just what your definition should include. For example: Should the definition include both punches and shoves or **just** punches? You decide which definition is the best.

Here is a sample definition and what one teacher did to try it out:

"Tantrumming: Anytime Sara begins screaming, crying, stamping her feet and/or pounding her fists on the floor."

The teacher and aide watched Sara's tantrumming for a day.

This is what they found:

Teacher counted three tantrums. Aide counted six tantrums.

Q-2 At this point what should the teacher and aide do?

Q-3 The teacher and aide have a meeting and find that the aide counted every tantrum but the teacher only counted tantrums that lasted more than 10 seconds.
How would you fix their definition?

III. Rules for recording

After you have a good definition . . .

RECORD CORRECTLY:

Don't guess about the behavior. If you are not sure Charlie bit someone don't count it. Be sure you only count what you see and be sure to watch.

RECORD PROMPTLY:

Don't decide at the end of the day that Charlie bit about four people. Write down the count as soon as you see it. Make a simple data sheet for your use that will let you record quickly and correctly. You may want to post a checklist by the door or use the chalkboard for quick marking.

DON'T LET RECORDING INTERFERE WITH YOUR TEACHING:

If you can't record easily and still keep up your teaching, you should change your way of recording. Teaching comes first. You may be able to use a volunteer or aide to help you do the recording. Or you may be able to use a wrist counter. (This is the kind of counter that a golfer wears.) Whenever you see the behavior you are counting, reach to your wrist and push the button on the counter. At the end of the day the counter will have the number of times the behavior occurred, and you didn't have to bother with pencil or paper. Another idea is to put a piece of tape on your wrist and simply make a mark on the tape each time you see the behavior that you are recording. Then your record is always handy and doesn't get lost.

Don't let your recording interfere with your teaching —

Q-4 Is this an example of the right way to record?

It has been a very busy day. The children are running around and making lots of noise. You are counting Bobby's hitting behavior. All of a sudden Suzie is on the floor crying and Bobby is standing over her. Unfortunately you didn't see what happened, but you know that Bobby is always hitting other children, so you count that incident as one "hit."

There are many different ways to record. Here are two of the easiest methods. If you think of a different way, use it.

FREQUENCY: the number of times the behavior occurs

Record the number of times you see the behavior. This is the simplest way to count behavior but remember to include one of these two kinds of information:

a. The length of time for which you were counting

Instead of saying, "Charlie bit four people," add the length of time — "within one half hour." It can make a big difference.

b. The number of times the behavior could have been seen.

If you are counting the number of times John obeys your commands, you know he can't obey any more often than you give a command. If you give him ten commands (ten chances to obey) that day and he obeys five times, then record that the child obeyed five out of ten times. He could not possibly obey more than ten times since he only got ten chances. Try to be consistent by giving a child the same number of chances each time you work with him.

Here are some different behaviors that can be recorded by counting the number of times they occur:

how many hits or shoves
how many swear words
how many blocks can be stacked in a tower
how many times the child wets his pants

** **Frequency recording is counting the number of times the behavior occurs.**

DURATION: how long the behavior lasts

Record how long a behavior lasted or how long the child took to complete the task. Sometimes you will want to record how long a child can sit quietly during story time or how long it takes a child to finish a puzzle. You will need a clock or watch for this one.

Duration – how long a behavior lasts

Here are some behaviors that can be recorded by counting how long it takes:

how long it takes a child to finish a puzzle
how long can the child sit quietly
how long a tantrum lasts
how long it takes to eat lunch

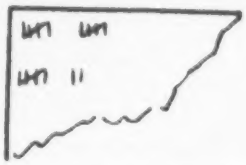
Duration recording counts how long the behavior lasts.

Q-5 What is frequency recording? Give one example.

Q-6 What is duration recording? Give one example.

HOW TO WRITE IT DOWN:

Now that you know the different ways to record behavior — how do you write down what you see? One way would be to put a mark on a scrap of paper each time the behavior occurs. There are problems with this method.



1. You can easily loose the paper scrap.

2. How can you file such a tiny piece of paper?

The sheet you use to write down the number of times (or how long) the behavior occurred is called a "data sheet."

It should be:
1. large enough so you won't throw it away by accident.
2. a size that is easily filed in a folder and kept.

Whenever you watch a child and count behavior, keep the paper you have counted on each day. That is, keep your data sheets every day. This is important for many reasons; here are two:

1. Say you made a big change in a child's behavior, but no one believes you. The data sheets are your evidence. They will show what the behavior was like in the beginning and how it changed over the weeks.

2. If you lose the graph of the behavior you have been watching, you can re-make it from your old data sheets. You say — "What graph? I don't know how to make one!" You will find out in the next section.

**** Never throw away your data sheets. File them in a folder.**

Q-7 What is the sheet on which you record behavior called?

Q-8 What do you do with a data sheet at the end of the day?

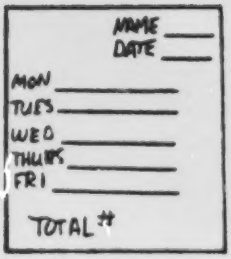
Everyone has their own forms for data sheets; here are a few that are very easy to use:

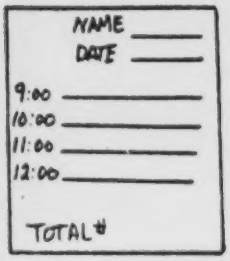
When counting the number of times a behavior occurred

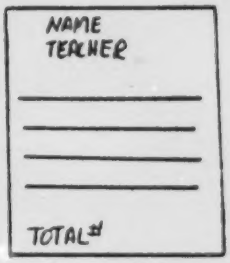
When counting how long a behavior occurred

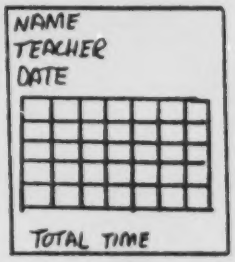
FREQUENCY

DURATION





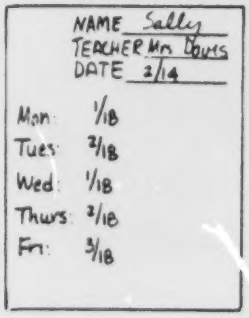




This could be used to count such behaviors as: hitting, swearing, naming objects.

This could be used to count behaviors such as: crying, tantrums, eating.

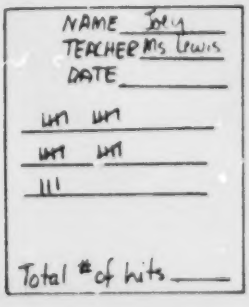
Here is a sample of a data sheet filled out by a teacher who was counting how many classmates' names Sally knew.



This shows that on Monday Mrs. Davis asked Sally to name her classmates, but Sally could name only 1 out of 18. On Tues. she could name 2 out of 18. And so forth.

The teacher marked the number Sally got right and the number of opportunities Sally was given.

Here is a data sheet Ms. Lewis filled out when she was watching Joey's fighting behavior.



Ms. Lewis put 1 mark each time Joey fought with someone.

Q-9 What is the total number of hits that were recorded on the data sheet above?

Here is a data sheet filled out for Sara's crying. We are counting how long each of Sara's crying spells lasts.

NAME: SARA
TEACHER: MS. LEWIS
DATE: 5/18

10	15	45	20	10
20	25			

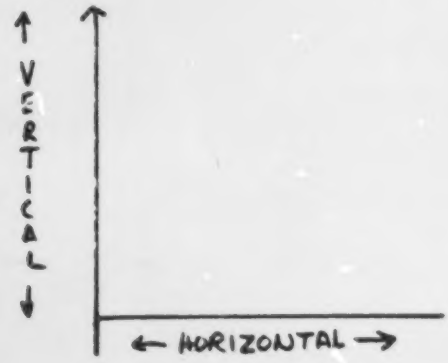
Each number represents how many seconds each crying spell lasted.

Q-10 How long did Sara spend crying on 5/18?

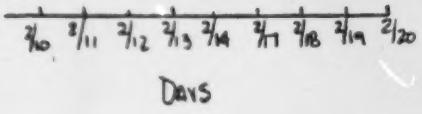
HOW TO MAKE THE BASIC GRAPH:

Now that you know how to record behavior on data sheets you say, "That's fine, but it sure is hard to thumb through five million data sheets to see how the behavior is changing." You don't have to. Here is a way to make a picture of what's happening to the behavior that you are watching day after day.

There are two basic parts to every graph — a vertical line going up and down and a horizontal line going across.

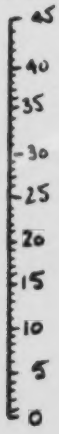


The **horizontal line** shows each school day. That is, each day you counted behavior. You can label the line "days" then put marks along the line for each school day.



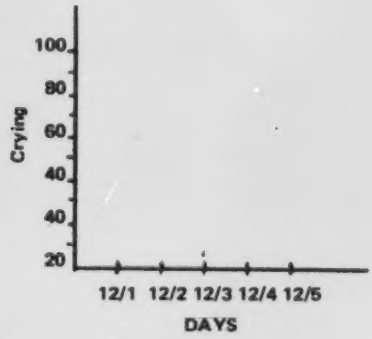
Q-11 What do you show on the horizontal line?

The vertical line shows the behavior that you are counting. You can label it with whichever behavior you are counting. The small lines on the vertical line are for the number of times (or seconds) the behavior occurs. They can be numbered from 0 to however many times or seconds you think the behavior may go up to.



Q-12 What does the vertical line show?

Q-13 In the graph at the right, what behavior is the teacher going to graph?



Q-14 In the same graph, what dates does the graph show?

HOW TO PUT DATA POINTS ON YOUR GRAPH:

What are data points? They are dots on the graph that show how many times or how long the behavior occurred that day.

This is how you can graph data points:

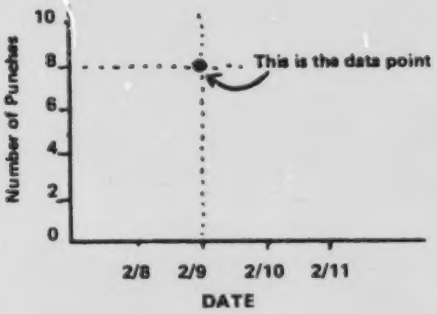
1. Find the day you are interested in on your graph. Remember, days are found on the horizontal line.

2. Find the number on the vertical line that shows the total number of times or seconds the behavior occurred that day.

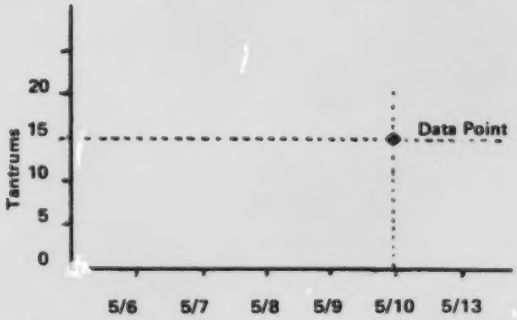
3. Find the point that is directly across from the number on the vertical line and directly above the day on the horizontal line.

Here are some samples:

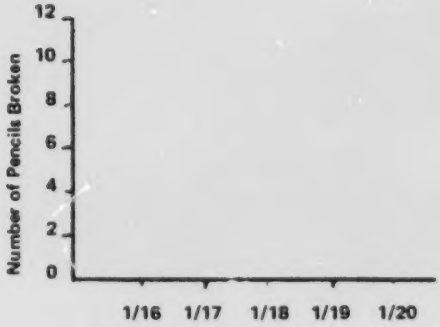
The day is 2/9 and the total number of times Jack punched someone on 2/9 was 8 times.



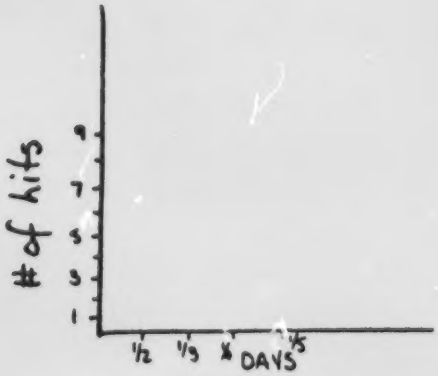
The date is 5/10 and Samuel tantrumed for a total of 15 minutes.



Q-15 The date is 1/17 and Mary broke 8 pencils today. Find the data point.



You have learned how to draw parts of a graph. Now put it all together; **make a whole graph.**



1. First, draw the horizontal and vertical lines.

2. Put the numbers on those lines (e.g. dates).

3. Label the horizontal line "days."

4. Label the vertical line with whatever behavior you are watching. (e.g. hitting, crying, nose picking)

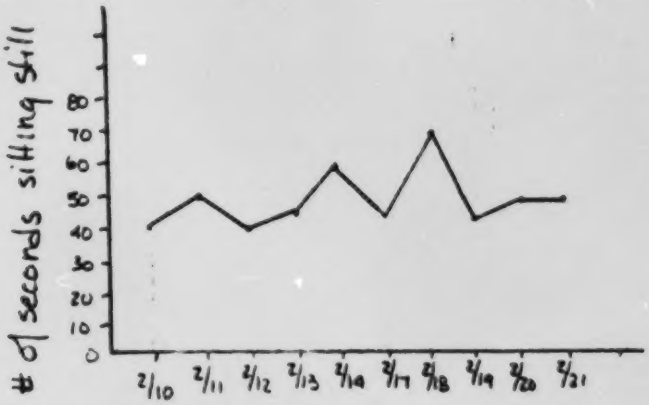
5. Draw all your data points on the graph.

6. Draw a line to connect each data point to the next one.

Here is a record of the number of seconds Sheila "sat still" each day for two weeks:

2/10	2/11	2/12	2/13	2/14	2/17	2/18	2/19	2/20	2/21		
40	50	40	45	60	45	70	45	50	50		

Here is the graph of the two weeks:



Q-16 Draw a graph of the data given below:

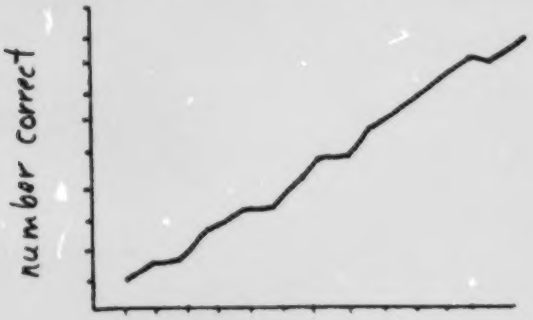
Date

10/1	10/2	10/3	10/4	10/5		
4	4	3	2	5		

# of tantrums

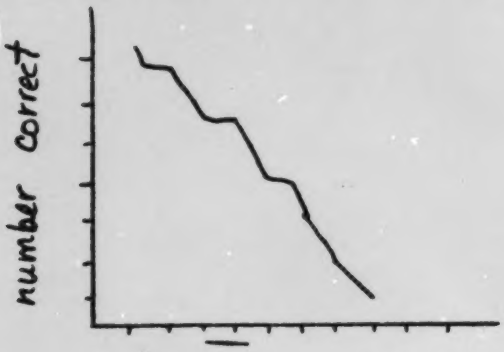
WHAT CAN YOU TELL BY LOOKING AT A GRAPH?

You can tell what's happening to the behavior. Is the behavior increasing? That is, is it happening more often? If it is, the graph will look like this:



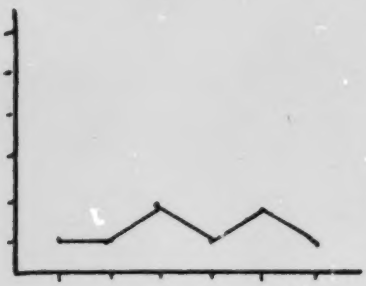
A line going uphill means the behavior is **increasing.**

You can also tell if the behavior is decreasing. That is, is it happening less often? This is what the graph of a behavior that is decreasing looks like:



A line going downhill means the behavior is decreasing.

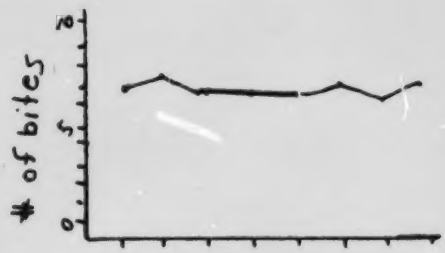
Sometimes the behavior isn't changing at all. It is happening at about the same rate as usual. Then the graph would be a level line; it isn't going steadily up or down — just across.



A line that is pretty much straight across means the behavior isn't changing.

Q-17 If the line on your graph is going uphill, what does that mean?

Q-18 What does this graph tell you about the child's behavior?



Q-19 The line on your graph is going downhill. What can you tell about the behavior?

WHAT DO YOU DO WITH THESE GRAPHS?

They can help you find out if a procedure you are using is really working. The steps to follow are:

1. Baseline
2. Procedure
3. Return to baseline
4. Return to procedure

The next few pages will show you how to do these steps.

Baseline:

Before you do anything to change the child's behavior, watch that behavior. Count it for at least a week, so you can see how often it happens. This is called a **baseline.** It tells you how often the behavior was occurring before you started the procedures. That is, the rate of the behavior before you did anything to change it is the baseline.

Baseline: Sally didn't know the names of her classmates.

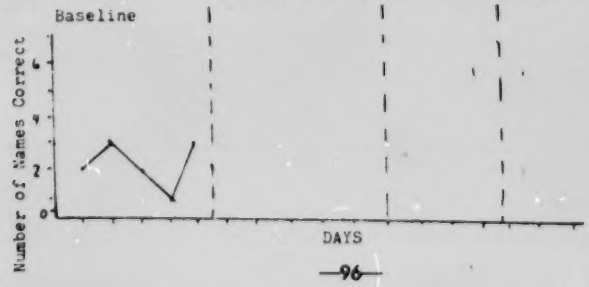
Here is a sample of how one teacher counted baseline behavior:

Sally didn't know the names of many of her classmates, so the teacher decided that she should be learning them. First the teacher wrote a definition of "naming." Next, Sally's teacher decided to count Sally's "naming" for several days so she would not just have a count from one of Sally's good days or one of her bad days. The teacher only **counted** behavior during this time; she did not try to change Sally's behavior yet. The teacher wanted to know how many names Sally knew before training took place. Every day, before lunch, the teacher would point to each child in the group of 15 and ask Sally, "What is his (her) name?" The teacher counted each name Sally said correctly.

This is what Sally's record looked like:

Mon	Tues	Wed	Thurs	Fri
2	3	2	1	3

Finally Sally's teacher made a graph of what she had counted and it looked like this:



The teacher found that Sally could usually name only two or three children in the class.

Q-20 What does a baseline tell you?

Q-21 What did the teacher find out by Sally's baseline?

Procedure:

Now you are ready to try your tasks and rewards. Keep counting the behavior so you can see if it really is improving. If it is not, you may want to change your procedure.

Remember:

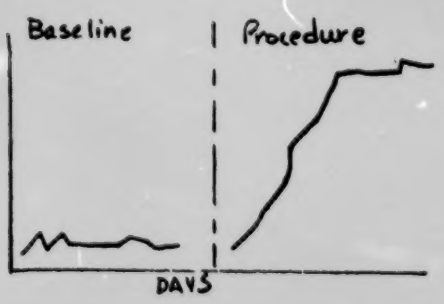
a. At first, it is better to reward the behavior every time you see it — then gradually reduce your frequency.

b. Reward immediately. Don't even wait a couple of minutes. Be sure to praise the child and tell him what he did right.

c. Stick to your standards and have other teachers, his parents, etc. know what you would like to reward or ignore.

d. Keep rewards small so you can give him many before he will get tired of them.

When you put your data points on the graph it is a good idea to separate your baseline data points from the points you are graphing during your procedure. Do this by drawing a broken vertical line on your graph:



Here is a sample of what Sally's teacher did during the procedure:

After five days of baseline Sally's teacher decided that Sally's naming really needed work. All the other children in the class knew everyone's name. Teaching Sally to name the other children would help Sally make more friends and would be a good memory exercise.

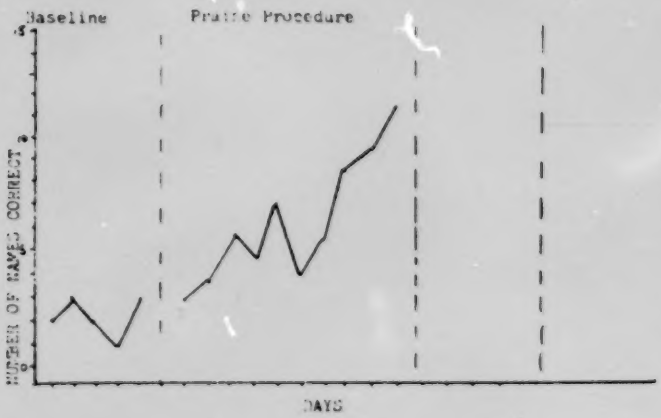
First, Sally's teacher thought of a reward that should be reinforcing for Sally, that could be given easily and immediately, and that Sally could be given many times. Sally's teacher chose praise. Sally seemed very fond of getting attention and praise. Sally's teacher decided the whole group of children could help. Every time Sally named a child correctly the whole group immediately clapped for her. If Sally did not name a child correctly, the group was quiet and the teacher told Sally what the missed name was. This procedure could help Sally learn and teach the other children to listen.

Sally's teacher counted naming again — this time for two weeks. The teacher noticed that many of the children would praise Sally during other parts of the day for correct naming. The other children felt they were helping, too.

Sally's record looked like:

	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
Naming	3	4	6	5	7	4	6	9	10	12

When Sally's teacher added this record to her graph, the graph looked like this:



Notice that the teacher remembered to put a line on the graph separating baseline data points from data points in her procedure.

Q-22 The line on the graph above is going uphill — what does that tell you?

Q-23 In the beginning of your procedure how often should the behavior be reinforced?

Q-24 How quickly should the behavior be reinforced?

Q-25 Who should know what behavior is being reinforced or ignored?

Return to Baseline:

You might want to go back to baseline to see if your procedure is what is making the change. This is up to you! It doesn't have to be done. It will let you know if what you did changed behavior, or if the behavior would have changed anyway.

To do this, you stop what you are doing during your procedure. Then just do what you did before you ever thought of changing the behavior.

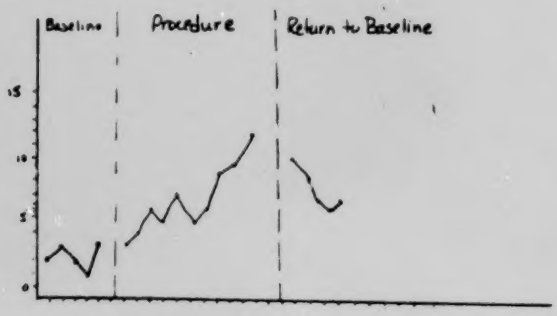
Sally's teacher noticed the great change in Sally's naming rate. It certainly looked as if praise and clapping were reinforcing Sally's naming. If the clapping and praise were really reinforcers, then Sally's teacher knew she would want to use praise with Sally to increase other behavior.

But how could the teacher be sure? It might just be the practice that was helping Sally. To check to see if the praise and clapping were really reinforcing Sally's naming, the teacher did a return to baseline check. This means she did everything just as she had for the first five days of baseline. The children were told not to clap anymore and Sally was not praised for naming. All the teacher did was to count the number of correct names Sally said. The teacher did not try to reinforce Sally's naming.

This is what Sally's record looked like for the next five days:

MON	TUES	WED	THURS	FRI
10	8	6	5	6

This is how the graph looked:



Sally's teacher could easily see that Sally's naming was going downhill fast without the praise and clapping. Praise and clapping were definitely reinforcers for Sally, and her teacher would continue to use lots of praise with Sally in the future.

IMPORTANT NOTE: this example was used just to show you how to use a "return-to-baseline" procedure. Actually, this behavior (naming) would probably not return to baseline level. Other reinforcers would take over after the clapping was discontinued. For example, the children answering and smiling when Sally correctly named them.

Q-26 Why would you use a return to baseline check?

Q-27 Do you have to use a return to baseline check?

Return to Procedure:

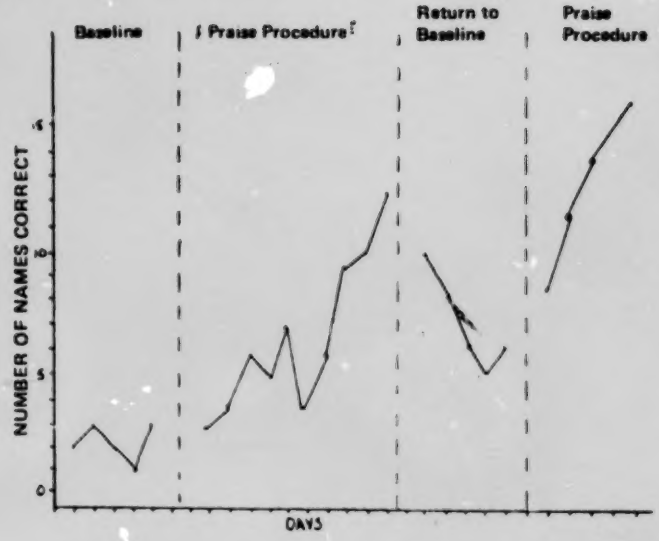
The return to baseline is just a check, so be sure to go back to the procedure that was working after you check. Use the procedure, but here is where you want to begin fading out. You don't want to have to keep on praising the child every time the behavior occurs for the rest of the year. So this is where you begin fading your reinforcers out. Instead of reinforcing the child every time the behavior occurs, reinforce only every other time. Then after a while, reinforce every three times. Soon you may be reinforcing the child only once a day, then once a week, etc.

Here is the last step in what the teacher did:

Because the return to baseline was just a check, Sally's teacher started using praise again until Sally could name all the children in the class. Then the teacher gradually used fewer reinforcers until Sally could name everyone in the class before she was praised and given applause.

**** Remember, if you don't return to the procedure, then it will be as if you never did anything to change behavior.**

Sally's graph looked like this:



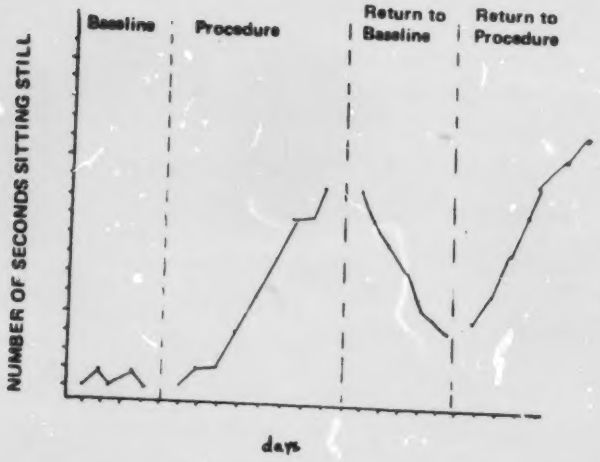
You should record the child's behavior **before** starting a new procedure and **during** the procedure. If the behavior does not change as you want, you might decide to start a new procedure (keep recording behavior!) until you find a procedure that works. Don't decide to change a procedure after only a day or two — sometimes the **novelty** of the new procedure will make a behavior increase or decrease before your procedure has even begun to affect the behavior. I suggest that you use a specific procedure for at least four days before you decide to switch it for a new procedure.

You might also want to record your own teacher behaviors. How many times do you give instructions to the child? How many problems is he given to work? How many times do you praise him or how many times do you have to tell him to keep working? This will let you know if you are sticking to the procedure you decided on or if you are forgetting some part of it.

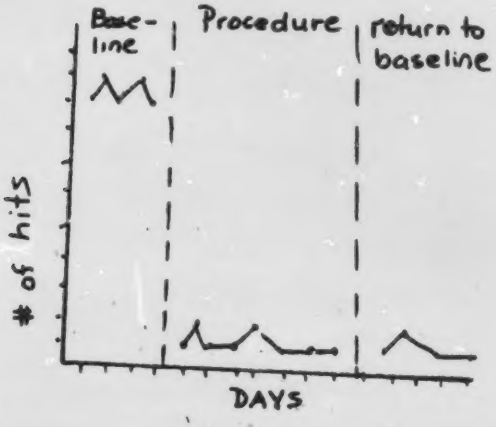
Q-28 Why is it important to return to the procedure used to change behavior?

Q-29 Why shouldn't you change a procedure after using it for only two days?

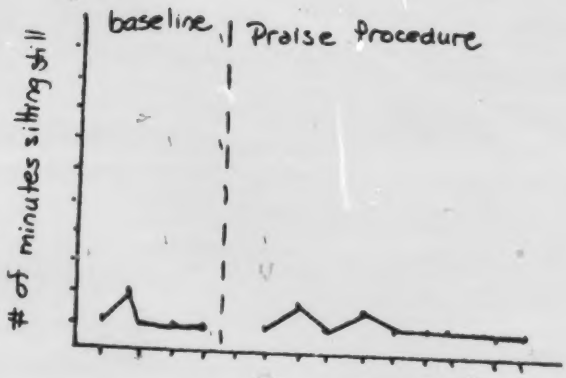
Q-30 Does this procedure seem to be working to keep the child sitting still? (see the graph below)



Q-31 Do you think that praise is the reason the child stopped hitting?



Q-32 Do you think the praise procedure is working?



In Summary:

When you want to evaluate your teaching techniques or any procedures you are using with the children, then do the following:

1. Find out how to define and record behavior.
2. Learn how to graph what you record.
3. Take baseline observations.
4. Use a procedure of rewards, time out, etc., to change behavior.
5. If you want, return to baseline for a check.
6. Return to the procedure you were using in #4.
7. Fade out the use of reinforcers.

Answers to Study Questions

1. the child's name and exactly what behavior you are going to watch

2. Get together to decide why they counted different numbers. That is, what were you counting that your aide didn't or visa-versa.

3. Tantrumming: Anytime Sara begins screaming, crying, stamping her feet or pounding her fists on the floor for more than 10 seconds straight.

   OR

   Tantrumming: Anytime Sara begins screaming, crying, stamping her feet or pounding her fists on the floor for any period of time (even as short as 1 second).

4. No, don't guess about the behavior. You didn't really see Bobby hit Suzie so don't count it.

5. Frequency recording is counting the number of times the behavior occurs. —e.g. hits or shoves, swear words, number of blocks stacked, number of times a child wets his pants, etc.

6. Duration recording counts how long the behavior lasts. — e.g. How long can the child sit quietly? How long does the child take to: finish a puzzle, finish lunch, finish a tantrum.

7. data sheet

8. keep them, put them in some sort of file, don't throw it away

9. 23 hits

10. 155 seconds

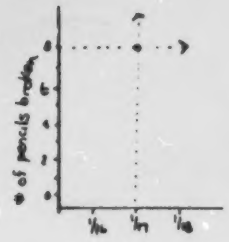
11. horizontal line shows each school day. Each day you counted behavior

12. Vertical lines show the behavior you are counting.

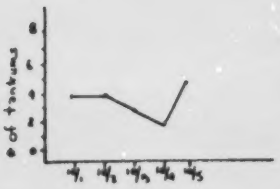
13. crying

14. 12/1 through 12/5

15.



16.



17. Your behavior is increasing.

18. Your behavior isn't changing at all.

19. Your behavior is decreasing.

20. How often the behavior was occurring before you started any procedure. What was the rate of the behavior before you did anything to change it?

21. Sally could usually name only 2 or 3 children in class.

22. The rate of behavior is increasing

23. every time

24. immediately

25. parents and other teachers

26. to see if your procedure is really working

27. No, it is up to you; you **don't have to do it.**

28. If you don't return to the procedure, then it will be as if you never did anything to change behavior.

29. Sometimes the novelty of the new procedure will make a behavior increase or decrease before your procedure has even begun to affect the behavior.

30. Yes, the behavior increased during the procedure then decreased when the procedure was stopped during baseline check, and when the procedure was put back in, the sitting increased.

31. Probably not, because when baseline check is used (where you do what you did before you ever thought of changing behavior), the hitting doesn't go back to what it used to be. Maybe it would have changed anyway.

32. No, because the number of pictures named is not increasing, so praise probably isn't a reinforcer for picture naming.

Practicum - Unit 4

Recording Behaviors and Consequences

Consequences are those things that follow some action. A reinforcer given following a child's behavior is the consequence for that behavior. For example, a child who is well-behaved at the doctor's may be given a sucker after the visit; the sucker is the consequence for being good.

Consequences can be many other things too. For example, spanking may be the consequence for breaking a window, a ticket may be the consequence for speeding, or a compliment may be the consequence for cooking a great meal. For children in Head Start, consequences might include: praise, a chance to play outside, no attention at all, etc.

It is important to notice what kind of consequence follows behavior because consequences may increase or decrease behavior. If a consequence is reinforcing, the behavior will increase.

With assistance from your trainer, choose two behaviors you have seen in your project child.

Use the following chart to help you check when you see the behavior and record what followed the behavior.

RECORDING BEHAVIORS AND CONSEQUENCES

Child _____ Date _____

Child behaviors being recorded:

1. _____

_____

2. _____

_____

Behavior 1

Check if the behavior occurred	What were the consequences?

Behavior 2

Check if the behavior occurred	What were the consequences?

UNIT 5

Individualizing Instruction

Importance of Small Steps

As you go through this material you probably give no thought to the complicated work you are doing — reading. You are a good reader and do not have to work at reading any more. But remember when you were a child and did not know how to read? You did not learn to read in one day — you went through many small steps in grade school and gradually you became a good reader.

Think about the small steps that you mastered:

1. First you learned to pay attention to your teacher - to watch what she had to show you at the front of the room.
2. Next you probably learned to say the alphabet.
3. Then you learned to read each letter — to be able to name an alphabet letter when you saw one.
4. You learned the sounds that the letter stood for. For example, an "h" made a "ha" sound.
5. You learned to put letters together to make words.
6. You learned that words together made sentences and sentences told stories.
7. Now you read the newspaper, books, magazines, road signs — many things.

For a small child, and sometimes especially for a handicapped child, even a simple task can seem as complicated as learning to read. Remember when you first learned to tie your shoe? It was pretty hard then. For some children even very simple tasks are very difficult. You can provide a great deal of help if you can break that task down into its small steps and help the child learn each small step at a time until he can do the whole task. This is how you learned to read and it is how some children must be taught many things.

Let's take an example of a simple task and break it into small steps.

Handwashing*

STEPS

1. Put hands in water.
2. Pick up soap.
3. Rub hands together with soap.
4. Rinse hands.
5. Dry hands.

ANOTHER EXAMPLE:

Cutting with a knife*

STEPS

1. Stick fork into meat with left hand.
2. Saw meat with knife in right hand.
3. Cut one bite size piece.
4. Cut one bite size piece of meat, eat it and cut another.
5. Cut all meat into bite size pieces during the meal.

*from **Managing Behavior #4** by Marion Panyan.

The child can be taught each small step at a time. This may be just as much as he can master at one time. You have given him a small step that he can be successful on and be reinforced. Immediately reinforcing him for each small step he achieves insures that he will keep working and eventually master all the steps — the whole task.

Let's see how well you can break a task into small steps. Try a harder one:

Tooth brushing

STEPS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

A possible breakdown:

Tooth brushing*

STEPS

1. Pick up toothbrush and turn on water.
2. Wet brush under running water.
3. Squeeze toothpaste on brush.
4. Brush back and forth on top of lower back teeth.
5. Brush back and forth under upper back teeth.
6. Brush down all upper teeth.
7. Brush up all lower teeth.
8. Rinse mouth with water and spit out.
9. Rinse toothbrush.
10. Hang brush up.

*from **Managing Behavior** #4 by Marion Panyan.

Q-1 How can a child learn a complicated task without learning the whole task at once?

Extending a Skill — Chaining

Sometimes a child must be **taught** a complex behavior that is made up of simple tasks he can already do. You must teach the child to put all the simple parts together in a chain. For example, you teach the child to put his lunch dishes away after eating. This is really a chain of behaviors:

He gets up from the table, carries his dishes to a scraping area, stacks his glass, places his silverware where it belongs, scrapes his plate and stacks it, throws away his napkin and returns to his seat.

Some children are able to do each part of the chain but cannot put the parts together as they should be done. You must teach this child to **chain** the parts together. Here are the steps in chaining:

1. **Decide what end behavior you want the child to have.**
   For example:

   Child will scrape and stack his dishes and throw his napkin away.

2. **Make up a list of steps that make up the chain.**
   For example:

   a. gets up from the table
   b. carries dishes to scraping area
   c. stacks his glass
   d. places silverware where it belongs
   e. scrapes his plate
   f. stacks his plate
   g. throws away his napkin
   h. returns to his seat

3. **Help the child go through the whole chain except the last step.** Let him do this step alone. Reward him for completing this step alone. For example:

   Help him do everything except for returning to his seat. Let him walk to his seat alone Immediately reinforce him for sitting down.

4. **When the child can always do the last step alone, require him to do the last two steps without help.**
   For example:

   Help him do everything except throwing away his napkin and walking back to his seat Reinforce him for sitting down.

5. **Reduce the amount of help you give so the child is doing more and more.**
For example:

Do not help him stack his plate, throw away his napkin, or walk back to the table. Reward him for sitting. Soon the child will be doing all the steps in the chain by himself. Don't forget to reinforce him for completing the last step in the chain.

6. **If you find that the child does not progress to doing a step alone, go back and very gradually reduce your help again.** Or you may find that the step is still too large. Try to break it down further.
For example:

You find the child can't seem to be able to carry his dishes to the scraping area, so you go back and very gradually reduce your help again, but the child still can't do it. Why not try to break down this step even further.
a. carry his plate to the scraping area

b. carry his glass to the scraping area

c. carry his silverware to the scraping area

****Remember to let the child be successful on each step and immediately reinforce him for each step he achieves. This way the child will keep working and master all the steps of the task.**

Q-2 Let's practice with the **toothbrushing** example.

1. Decide exactly what the end behavior will be.

1. _____
_____

2. Make a list of steps that make up the chain.

2. a. _____
b. _____
c. _____
d. _____
e. _____
f. _____
g. _____
h. _____
i. _____
j. _____

3. Help him through all but the **last** step.

3. Help him with everything except _____
Reward him for doing this alone.

4. When he can always do the last step alone require him to do the last **two** steps.

4. Help him with everything except _____
and _____

5. Reduce your help so he does more and more steps by himself.

5. Help him with everything except _____
_____
and _____
Reward him following the last step.

Q-3 First decide exactly what _____ you want the child to have.

Q-4 Make a list of _____ that make up the chain.

Q-5 When you first start chaining you help the child go through the whole chain except for what?

Q-6 When the child can always do the last step require him to do the last _____ steps.

Q-7 Gradually _____ your help and require him to do more steps by himself.

Q-8 What if the child can't progress to doing a step alone?

Q-9 In chaining, why do you gradually reduce the amount of help you give to the child?

Q-10 What should you do to make sure a child will keep working and master all the steps of a task?

Shaping

Shaping is a procedure you will find useful in teaching a new behavior that the child does not have now. Shaping means to reinforce small steps that come closer and closer to the end behavior you want the child to have. Sometimes a child just does not have a behavior he needs; this procedure helps you **shape** what behavior he has into the behavior he needs.

Here are the steps in shaping:

1. **Decide exactly what end behavior you want the child to have.**
For example:

The child will be able to draw a square on a paper.

2. **Figure out a list of small steps that come closer and closer to being that end behavior.** For example:

a. He holds a crayon.

b. He can draw lines inside a square already drawn on a page.

c. He can draw the outline of a square already drawn on the page.

d. He can finish a square when he is given 3 sides to outline.

e. He can finish a square when he is given two sides to outline.

f. He can finish a square when he is given 1 side to outline.

g. He can draw a square.

3. **When the child does the first behavior on the list, reinforce him.** For example:

Reinforce the child with praise and a hug for holding the crayon correctly.

4. **Keep reinforcing the child for the first step until he can do it all the time.** For example:

Keep reinforcing the child for correctly holding the crayon.

5. **Raise the requirements.** Reinforce him only for doing the next step. For example:

Require him to outline the square for reinforcement and when he can always do this, move up to the next step and so on.

Shaping — reinforcing small steps...

Be flexible. If the child can skip steps, skip with him. Move up to the next step as soon as he is ready. Be sure you do not reinforce lower steps than he can do now. If the child has a lot of trouble moving to the next step, it may be too large a jump. Try to program a smaller step between the last and the next.

****Be sure not to reinforce lower steps than the child can do.**
****If the child can skip steps, skip with him.**

Q-11 The first step in shaping is to decide exactly what _____ you want the child to have.

Q-12 Next, figure out a list of _____ _____ that would come closer and closer to being exactly that end behavior.

Q-13 When the child does the first behavior on the list _____ him.

Q-14 Keep reinforcing the child for the first step until he can do it _____.

Q-15 Raise the requirements. Reinforce him only for doing the _____ step.

Q-16 As soon as he can do this step all the time _____ to the next step.

Q-17 Let's use shaping to help a child learn buttoning.

1.	Exactly what is the end behavior?	1.	_____
2.	What small steps would come closer and closer to the end behavior?	2.	1) hold button between thumb and forefinger 2) hold the edge of the other side of the shirt 3) _____ 4) _____ 5) _____ 6) _____ 7) _____ 8) _____ 9) _____ 10) _____
3.	What do you first reinforce?	3.	Reinforce the child for _____
4.	What do you continue to reinforce until he can do that step all the time?	4.	Keep reinforcing _____
5.	Raise the requirements	5.	Now reinforce him only for _____
6.	Move up to the next step when he can do the last step every time.	6.	Now reinforce him only for _____

If a child can skip steps, _____ with him.

Q-18 What procedure should you use to teach a new behavior that the child does not now have?

Q-19 What is shaping?

Q-20 What should be done if the child has a lot of trouble moving to the next step in shaping?

Prompts

Sometimes a child will not be able to even complete a **first small step** without special help. There is a way to get the child started — use a prompt. There are a couple of types of prompts — physical, verbal or written, but the names aren't really important; what you do is .

PHYSICAL PROMPTING:

This is where you physically guide the child. You "take him through the task." For example: If you are trying to teach the child to button his coat, you might prompt a child in buttoning by placing his thumb and forefinger on the button and help him push the button through. Here's another example: You are teaching Joe how to brush his teeth. A physical prompt you could use would be to hold the child's hand with the toothbrush in it and brush his teeth for him.

Q-21 How might you physically prompt "eating with a fork"?

VERBAL PROMPTING:

This is where you tell the child what to do. You talk him through the task. For example: You are teaching Joe how to write his name. Joe already knows how to write the alphabet. You could verbally prompt him by saying: "Joe, first write a "J", now write an "o", now an "e". You say, "I do that all the time." If you do, fine, but remember, a verbal prompt is most effective at first if it is in small steps. If the child doesn't know what you mean by "clean up the block area," then how can he do it?

Q-22 What is a verbal prompt the teacher might use to get a child to clean up the block area?

WRITTEN PROMPTING:

This is a prompt that is frequently used in educational programs. It shows the child, on paper, what he should be doing. It is a written guide for the response For example: if you wanted the child to write his name on a paper, you might give the child a sheet of paper like this:

S	A	M

****A prompt will help a child complete a task when he can't even start the first small step.**

FADING THE PROMPT:

A prompt should eventually be faded out. The child might never learn if you keep helping spoon food into his mouth the whole year. He will rely on you. By fading the prompt, you will begin reducing your assistance while making the child do more and more on his own

The word to remember here is "GRADUALLY" Reduce your help gradually. Some children will learn so quickly that you may have to show them only once, but others may learn more slowly. If you go from giving the child lots and lots of help to the next day giving none at all, the child may not be able to complete the task alone. When fading the prompts, you should go from helping with the whole task to helping with only part of the task and then less and less Here is how one teacher faded prompts when teaching a child to tie shoes:

1. First she held the child's hands and took the child's fingers through the task.

2. Next she helped the child with everything except the very last step. The child had to pull the loops to make a bow.

3. The teacher kept reducing her help more and more until the child was tying the shoes by himself.

Here is a written prompt that is used and faded out for writing the letter "R".

The child keeps writing the "R" but with less and less of a prompt. Eventually he writes "R" with no help at all.

Q-23 Can you list the steps a teacher would take to teach a child to draw this:

Use prompts and fade them out.

Q-24 Why would you use a prompt?

Q-25 Why would you fade a prompt?

There are times when simple questions can be a very useful tool for teaching. Questions are easy to use. You don't need any special tools (except a voice), and they can be asked just about anywhere. Here are some ways that you can use questions:

1) **Practice:** You have recently taught the child a certain skill, but he hasn't really mastered it yet. Ask him questions about the skill several times a day. At first you may need to help him with the answer, but very quickly he will learn. Questions will help the child practice the skill and you know "practice makes perfect." For example:

   You taught Brian the color "red" on Tuesay. Help Brian really learn the color by asking him several times a day to name the color red.

Questions are a good way to teach memory skills

2) **Generalization:** If you teach the child a skill, he should learn to do this skill in many different places and under different conditions. What the child learns should carry over (generalize) to many other situations. For example:

   Let's use the example above. You use a red sheet of paper to teach Brian the color "red", but Brian should know the color "red" in many different places. Ask Brian "What color is this" several times a day, using different objects each time.

****Generalization means being able to use a skill you have learned in many different places and under different conditions.**

3) **Memory:** Questions are a good way to see if the child remembers what you have taught him. If he has forgotten, this will help him remember. If he remembers, this provides a nice opportunity to reinforce remembering. For example:

   You taught Bobby his phone number about a week ago, so every so often test him to see if he remembers by asking, "Bobby, what is your phone number?"

4) **Stimulate conversation:** Sometimes it's a little hard to get a conversation started with a child. Why not ask a few questions to get the conversation rolling? A conversation is a good way for a child to practice words he has just learned and maybe learn a few new ones by listening to you. For example:

   It is art time, so you might go up to one of the children and ask "What are you going to paint?" This could start a short conversation about colors, shapes, objects, etc.

Q-26 Name three of the four ways questions can help a child learn?

Q-27 What does generalization mean?

Q-28 Say you have just taught Brian the color "green". What might be some good questions to ask while taking a walk?

Supplementary Reading

1. **Living with Children, New Methods for Parents and Teachers**

   Gerald R. Patterson and M. Elizabeth Guillion
   Chapters 12, 13, and 14
   Research Press
   Post Office Box 2459, Station A
   Champaign, Illinois 61820

2. **Managing Behavior, Behavior Modification: Basic Principles**

   R. Vance Hall
   H & H Enterprises, Inc.
   P.O. Box 3342
   Lawrence, Kansas 66044

Answers to Study Questions

1. The child can learn each small step at a time until he can do the whole task.

2. 1. The child will brush his teeth with toothpaste, rinse his brush and mouth and hang up his brush.

   2. a. Pick up toothbrush and turn on water
      b. Wet brush under running water
      c. Squeeze toothpaste on brush
      d. Brush back and forth on top of lower teeth
      e. Brush back and forth under upper back teeth
      f. Brush down all upper teeth
      g. Brush up all lower teeth
      h. Rinse mouth with water and spit out
      i. Rinse toothbrush
      j. Hang up brush

   3. Hanging up his brush

   4. Rinsing toothbrush and hanging up brush

   5. Rinsing mouth with water and spit out, rinsing toothbrush and hanging up brush

3. end behavior

4. small steps

5. except the last step

6. two

7. reduce

8. Go back and very gradually reduce your help again. Or you may find the step is too large. Break the step down further.

9. so the child will do more and more steps by himself.

10. Let the child be successful on each step and immediately reinforce him for each step he achieves.

11. end behavior

12. small steps

13. reinforce

14. every time

15. next

16. move

17. fill these in on your own

18. shaping

19. reinforcing small steps that come closer and closer to the target behavior

20. You may break that step down into smaller steps or give the child physical assistance.

21. You could place your hand around the child's hand and help him move it to the plate and then to his mouth.

22. "Let's pick up everything."

23. 1. teacher could draw the picture and have the child draw over the lines

    2. teacher could draw the picture with dotted lines and have the child connect all the dots

    3. teacher could draw the outline in dots and have the child fill in the eyes, mouth, etc.

    4. child could draw it all himself

24. to help the child complete at least the first step

25. so the child will do more and more steps by himself

26. Practice
    Generalization
    Memory
    Stimulate conversation

27. Generalization means being able to use a skill you have learned in many different places and under different conditions.

28. What color is the grass?
    What color are the leaves on this tree?
    What color is the (green) car?
    What color is that (green) house?
    What color is that lady's dress?
    etc.

Practicum - Unit 5

Designing Learning Activities

1. **Observe** the child. Look very closely at his behavior. You may do this with the checklists, the Behavior Profile, or just by writing a story account of what you see. (Unit 2 Practicum)

2. Now **choose the behaviors** you feel most need work at this time. When first starting a procedure it is often a good idea to work on only **one** behavior for a while. (List four behaviors in order of what you would work on first.)

   1. _____
   2. _____
   3. _____
   4. _____

3. Now try to **choose some positive reward** you can use with the child. If you reward him for the behavior you want, that behavior is likely to increase. An easy way to decide what a child might like is simply to watch him. What are some possible rewards this child would like?

   1. _____
   2. _____
   3. _____
   4. _____

4. Next decide exactly **what standards of behavior** you will reward. Must he get one or three answers right before you reward him? Will you reward him for sitting quietly for two minutes or must he sit for ten minutes? How well must he perform?

   What are your standards for this child's behavior? (How many, how long, etc?)

   1. _____
   2. _____
   3. _____
   4. _____

5. Select a **task** (work or play) that would be useful for working on the behavior. Would story time be good, or free play, or maybe outside play?

   List activities that you might use for this behavior.

   1. _____
   2. _____
   3. _____
   4. _____

6. Organize the procedure so that you can really see if your rewards and tasks are doing the job.

   1. Before you do **anything** just watch the behavior you are going to work on. Count how often the child does it now. Does he get into fights 3 times a day? Can he name 2 out of 6 colors? Will he sit still for 4 minutes? This is called a **baseline**. It tells you what base you are working from. (Unit 6 Practicum)

   2. You will be ready to try your tasks and rewards in Unit 7 practicum.
      Remember:

      1. At first, it is better to reward the behavior every time you see it — then gradually reduce your frequency.
      2. Reward **immediately**. Don't even wait a couple of minutes. Be sure to praise the child and tell him what he did right.
      3. Stick to your standards and have other teachers, his parents, etc. know what you would like to reward.
      4. Keep rewards small so you can give him many before he will get tired of them.
      5. Keep counting the behavior so you can see if it really is improving. If it is not, you may want to change your procedure.

   3. You might want to go back to a baseline check to see if your procedure is what is making the change. To do this, you stop what you were doing during your procedure and observe and count behaviors. This is just a check — often you will not need to do this.

7. Follow-up the procedure. Even after you have completed the procedure, observe and count that behavior from time to time. You may wish to start the procedure again or use it for another behavior.

   In a few weeks you may answer this question (Unit 10):
   Do you see any changes you want to note here?

   Is his behavior different than before?

_____

_____

_____

UNIT 6

Using Discipline to Decrease Problem Behavior

You have learned how to carefully increase child behaviors, however, many of the problems you run into in the classroom are behaviors that you would like to see **less** of. As a teacher your teaching would be better if you did not have to settle tantrums, fights, loud talking, and disobedience. These are behaviors you want to **decrease.** "Kids will be kids," you say . . . but can't they be "good"? A "good" child is usually a happier child — and this unit makes some suggestions for helping you control your children and teach the children how to control themselves.

"Good" children are usually happier children —

If you use any of these methods you must **always** be consistent. You cannot be wishy-washy or you will make it even harder for the child to learn to behave. The child must be able to count on the rules; he must know what to expect and what behavior you want.

You should keep in mind, too, that any time you are working to decrease some behavior by the child you **must also** give attention to his "good" behaviors. Be sure that he sees that you will reward him for being good — that you **are not** picking on him but that you are expecting one kind of behavior and **not** another. Let the child see exactly what his limits and his privileges are.

This unit talks about five procedures for decreasing problem behaviors. You may depend on one procedure or you may find you want to use several in a day. The procedures are:

DRO (Differential Reinforcement of Other Behavior)
Extinction
Time out
Response Cost
Punishment

In most cases DRO is the best method to choose but each one of the five will be explained in the unit.

Make sure it is effective:

No matter what type of discipline you choose to use, you must be sure it's working. Discipline must decrease the rate of the behavior. That is, the behavior must occur less frequently after you have disciplined.

This unit will describe how to find out if a procedure (discipline or reinforcement) is working. Briefly, here is what you do.

1. Choose the problem behavior.
2. Record how many times it occurs before you do anything to change it.
3. Immediately after the behavior occurs, present the discipline you plan to use.
4. If the rate of that behavior goes down, you are using effective discipline.
5. If the rate of the behavior stays the same or goes even higher, you better look for a different type of discipline, because the type you are using isn't working.

Extinction

Remember the dinosaurs? You don't see many of them today; they are extinct. Remember the last tantrum in your classroom? Wouldn't it be nice if you could make tantrums extinct, if you could decrease tantrums like the dinosaurs? Dinosaurs died out when they could not get enough food to keep them going. Tantrums and other problem behaviors are likely to extinguish when they do not get the reinforcers that keep them going.

You know that reinforcers increase the behaviors they follow; what would happen to the behaviors if they were no longer reinforced? **Extinction** means to withhold the reinforcement for a behavior that used to be reinforced.

In other words — **giving** a reinforcer after a behavior **increases** the behavior, but **not** giving that reinforcer after a behavior (extinction) **decreases** the behavior.

In order to use extinction you must do two things:
1) **Find** the reinforcers that are keeping the behavior going.
2) **Control** the reinforcers. Make sure that the reinforcers **never** follow the behavior you want to see less of.

Extinction decreases the rate of that behavior.

Let's take a look at what often happens when a child tantrums. The child gets very upset and starts crying and screaming. Usually a teacher will immediately come to the child and try to quiet him down. The teacher may talk to the child and hold him. Now, what might be reinforcing this child's tantrums? Look at what happens when the child tantrums: he gets a lot of attention from teacher. This attention may be reinforcing the tantrum. Try taking away the attention; just ignore the child when he tantrums. If the child finds that he isn't getting any reinforcers for tantrums he may stop. This is extinction.

It is often the case that attention reinforces some problem behaviors. Think of what kids will do to get attention. Often removing attention or ignoring problem behaviors will help decrease them. Extinction means withholding the reinforcer, whatever that may have been.

Remember, ignoring only helps if it is really attention that was reinforcing the problem behavior.

FINDING THE REINFORCERS THAT MAINTAIN PROBLEM BEHAVIOR:

If a teacher calls on a child every time the child raises her hand, you might say that the teacher's attention is the reinforcer that maintains the hand raising, but sometimes the reinforcers are not that easy to find. You cannot use extinction if you do not know what reinforcers are maintaining the behavior you want to decrease. It could be helpful to just observe the problem behavior for a few days. Write down whatever happens just **after** the problem behavior occurs. This way you might be able to identify a reinforcer that you never paid much attention to.

If you find the reinforcers that maintain a problem behavior, but are not able to control them, you will not be able to use extinction. The reinforcers for masturbation can easily be found, but not so easily controlled. Since many problem behaviors are maintained by the attention of other children, these reinforcers are hard (but not impossible) to control. For example, you might ask the class not to laugh everytime Stanley calls someone a "big dummy."

If you are having trouble identifying a reinforcer for a problem behavior, for a few days write down what happens after the behavior.

EXTINCTION IS A GRADUAL PROCESS:

Extinction should not be used for behaviors that must be stopped right away. When withholding reinforcers, do not expect changes overnight. The amount of time needed to decrease a behavior depends on many things, but in general extinction is slow. A behavior that has been reinforced every time will be much easier to extinguish than one that is only sometimes reinforced. This is a good reason to make sure that once withholding reinforcers is begun it is carried out **consistently**. If you sometimes slip up and reinforce the problem behavior, it will be harder to get rid of it in the future.

Since extinction is a slow process it shouldn't be used for behaviors that need to be stopped right away.

AT FIRST, EXTINCTION INCREASES THE RATE OF BEHAVIOR:

Although extinction is known to decrease a behavior, you might find a temporary increase in the behavior when extinction is first started. This initial increase in behavior may be an increase in frequency or intensity. A temper tantrum that is ignored may result in the child screaming louder as well as longer before the behavior decreases. If a child who always asks questions is ignored, you may find that the child asks even more questions before the question-asking decreases. Because of the initial increase in behavior that may come from extinction, this procedure should not be used for aggressive or abusive behaviors.

Q-1 What is it called when you withhold reinforcement following behavior and that behavior decreases?

Q-2 In order to use extinction you must do two things. Name them?

Q-3 What does extinction do to the rate of behavior?

Q-4 Will ignoring behavior always decrease the rate? Why or why not?

Q-5 If you find it difficult to identify a reinforcer for a particular behavior, what should you do?

Q-6 When should extinction not be used?

Q-7 Although extinction is known to decrease behavior eventually, what might happen at first?

Q-8 Example:
Janie is a preschool child in Mrs. Long's class. At least three times a day Janie starts crying. Mrs. Long observes Janie closely for four days to see what is the cause of the crying and what happens every time she cries. She finds that nothing special or different happens to make her cry (e.g. no one has hit her, taken a toy away, or yelled at her). Mrs. Long does notice that her aide goes up and hugs Janie everytime she cries.

What is a possible reinforcer that could be maintaining Janie's crying?

Q-9 What might the teacher do to decrease Janie's crying?

Differential Reinforcement of Other Behavior (DRO)

The DRO procedure is usually the method of choice. In the DRO procedure the behavior to be decreased is treated with extinction and at the same time, some **incompatible** behavior is reinforced. That is, the problem behavior is decreased and an incompatible behavior is increased. The term "differential reinforcement" means that one behavior is reinforced while the other is not.

What exactly is an **incompatible** behavior? It is a behavior that makes engaging in a different behavior impossible. Here are some examples of incompatible behaviors:

behavior	**incompatible**
sitting	standing
running	walking
yelling	talking quietly
hitting	hugging

Q-10 Here are some practice questions. Write a behavior that you think is incompatible with the behavior listed. Some possible answers are also included.

behavior	**incompatible**
crying	_____
throwing blocks	_____
stamping feet	_____
coloring on walls	_____

Answers:

Crying: sitting quietly, smiling, or laughing
throwing blocks: stacking blocks in a tower
stamping feet: standing still, sitting with legs crossed
coloring on walls: coloring on paper

The answers given above are not the **only** incompatible behaviors. An answer is correct if the child can't engage in the problem behavior at the same time as he engages in the incompatible behavior.

This combination procedure will be the most pleasant to use. You will be able to decrease problem behaviors but at the same time increase wanted behaviors. DRO is usually better than either alone. While extinction alone can decrease problem behavior it doesn't teach appropriate behavior. By using reinforcers, too, we not only make sure that the child will behave better, but, because he now has appropriate behaviors, the amount of time in which he could misbehave is less.

STEPS IN THE DRO PROCEDURE:

1. Define the behavior that is to be decreased with the use of the extinction procedure. For example: Sally often yells while she is playing.

2. Decide which incompatible behavior(s) will be reinforced. You may decide to reinforce the child any time he is not engaging in the problem behavior or you may pick specific behaviors that will be reinforced.

   For example: Sally will be reinforced each time she speaks softly while playing. Speaking softly is the "opposite" of yelling.

3. Always present reinforcers when the child is behaving well and always ignore the behavior to be decreased (no reinforcers will ever follow the problem behavior).

   For example: Now give reinforcers each time Sally speaks softly while playing. Any yelling is to be extinguished.

Here is another example of a DRO procedure:

Charlie has a lot of trouble sitting down at the table for more than five seconds, so Miss Brown would like to get Charlie to sit at a table for at least ten minutes. Here are the steps:

1. Charlie cannot sit at a table for more than five seconds.

2. Charlie will be praised each time he is sitting at the table for longer and longer periods of time.

3. Charlie is then ignored everytime he doesn't sit at the table for a long enough time. When he does sit still for a while Miss Brown praises Charlie a lot.

It is up to Miss Brown to decide how long Charlie must sit still before he is reinforced, but she will slowly require that Charlie sit still for a longer and longer period of time.

Q-11 What is DRO?

Q-12 Why is the DRO procedure better than just extinction alone?

Time Out

Suppose you can't easily control or withhold the reinforcers for problem behaviors? For example, what if the other kids laugh and give lots of attention to one child's problem behavior and you can't stop them. Or, a child might be reinforced just by seeing what he has done (like breaking a window).

Time out means removing the child to a place where he will not get any reinforcers. Time out cuts out the possibility that a problem behavior will be reinforced and thereby decreases the behavior.

STEPS IN THE TIME OUT:

1. Find a place that will be used for time out and make sure that it remains available and **empty**. For example, a) a lighted, ventilated and empty room or closet or b) a table on its side in the corner.

2. Decide which behaviors will be followed with time out. Aggressive, abusive and tantrum behaviors are often treated with this procedure.

   For example: The teacher wanted to decrease Sally's tantrums.

   The teacher defined the behavior and what she would do. Tantrum behavior: any occurrence of screaming, crying, or throwing self on floor will be followed with time out.

3. Describe the **exact** procedure to be followed by staff when the problem behavior is seen. Remember that the purpose of time out is to make sure that a child does not get reinforcement for the behavior; the time out procedure should be carried out in such a way that the child gets a minimum of attention when he is removed.

Time out means removing a child to a place with no reinforcers.

For example: The teacher set up the rules for her aides and volunteers to follow: "When Sally tantrums she will be taken by the arm and placed in the time out area. The **first** time Sally is put in time out she will be told, "Your are crying too much." She will not be spoken to for other tantrums. Sally should get as **little attention** as possible."

4. Set the rules for letting the child out of time out. Decide how long will the child be in time out. BUT MAKE SURE THE PROBLEM BEHAVIOR HAS STOPPED BEFORE YOU LET THE CHILD OUT. This is because coming back may be reinforcing and if you let him come back while he is still misbehaving, he will be reinforced for misbehaving.

   "Sally will be let out of time out when she has been quiet for two minutes."

The four steps for time out are:
1. Find a place to be used for time out.
2. Decide which behaviors will be followed with time out.
3. Describe the exact procedure to be used.
4. Set the rules for letting the child out.

THINGS TO AVOID:

Time out will make sure the child does not get reinforcement. Make sure a child is placed in time out with a minimum of attention. Why? If the child gets lots of attention or has fun things to do in time-out, he may do inappropriate things just to get in time out.

Time out **will not** decrease behavior if:

1. The child is comforted or given long reasons for being in time out.

   If you give a reason, make it short. Most of the time the child will know what he has done wrong.

2. The child has toys to play with or children to talk to in the time out area. Make the area as **uninteresting** as possible.

HOW LONG SHOULD TIME OUT LAST?

Not long — just a few minutes (e.g. 2 or 3). If it lasts any longer than a few minutes, then the child will probably forget what he has done. You don't want time out to be a horrible punishment, just a way to remove the child from reinforcers for a while.

Avoid giving long reasons or comforting the child when putting him in time out.

Keep the area as uninteresting as possible.

Don't make time out last too long.

Q-13 What are the four steps of time out?

CHILDREN WITH WHOM TIME OUT DOESN'T WORK:

Although time out works well with many children, it might not work for some. For example, it is possible that being left alone is a reinforcer for some children. You should keep track of the problem behavior in order to make sure that time out is working with each child. You might record the (1) name of the child, (2) time put in time out, (3) time removed from time out, (4) reason for placement in time out, and (5) name of teacher.

NOTE: Every time a child is placed in time out, he is taken from the classroom. For this reason the use of time out should be limited to those behaviors that cannot be treated in any other way.
This is how one teacher checked to see if her time out procedure was working:

The teacher kept a record of how many tantrums Sally had each day. Sally's teacher recorded for five days before she started using time out and for the first days of the time out consequence:

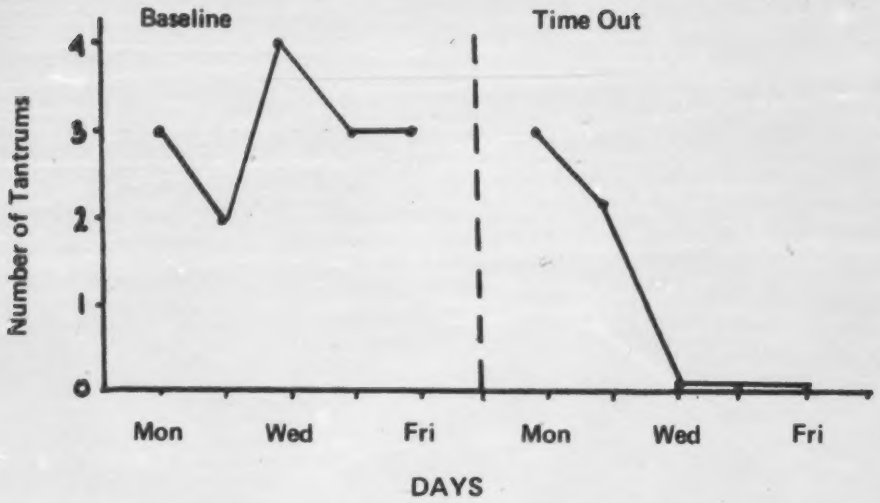
Before time out

Days:	Mon	Tues	Wed	Thurs	Fri
Number of tantrums:	3	2	4	3	3

With time out

Days:	Mon	Tues	Wed	Thurs	Fri
Number of tantrums:	3	2	0	0	0

This is what a graph of the data looked like:



Sally's tantrums decreased from about 3 a day to 0. Time out worked well with Sally.

Q-14 Why should the time out area be free from toys and other children to talk to?

Q-15 Why should the child stop misbehaving before he is allowed to return to the classroom from time out?

Q-16 How long should time out last?

Q-17 What are some possible time out areas?

Punishment

Punishment is either where you:

1. apply a punisher
   OR
2. take away a reinforcer

Remember, in both cases these are decreasers and the problem behavior should occur less frequently. The most important thing to remember is that as a teacher, you are NOT allowed to:

— Physically abuse the child
— Verbally abuse the child
— Deprive the child of food

APPLYING A PUNISHER:

Most of the time you will want to rely on some other form of discipline instead of a punisher. But sometimes the other forms don't work. You may have to use something a little stronger.

When you use this procedure you are applying something the child doesn't like. When the problem behavior occurs, you do something the child doesn't like. For example, you probably have seen some mothers put a bitter tasting liquid on their child's thumb so the child won't suck the thumb. This is applying a punisher (bitter fluid) when a problem behavior occurs (thumb sucking).

Another example might be a severe scolding given after a child runs into the street. The punisher that was applied was the scolding. The problem behavior is running into the street.

Sometimes just holding the child in one place is a big punisher. Say one child is running around the classroom screaming and yelling. The teacher might take the child to a chair and hold him from behind for a few minutes until the child stopped yelling.

A very important point to remember is that the child should dislike what you apply. If the child really liked the taste of the bitter liquid then it wouldn't be very much of a punisher. In some cases, other children like to get yelled at, because this is the only time someone pays attention to them. In this case, yelling wouldn't be a punisher.

STEPS IN APPLYING A PUNISHER:

1. Define the problem behavior that will be followed with a punisher. For example:

   Punishment will be used each time Charlie bites another child.

2. Decide what punisher will be applied when the problem behavior occurs. For example:

   I will give Charlie a severe scolding each time he bites another child.

3. Immediately after the problem behavior occurs apply the punisher. For example:

   You see Charlie bite Lisa. Immediately go over to him and scold him.

4. When the child is behaving, he may again be reinforced. Wait 5 to 10 minutes after the incident to make sure the child isn't going to misbehave again so soon.

5. Be consistent. Everytime the problem behavior is seen treat it in the same way.

A punisher must decrease the frequency of the problem behavior.

The child must dislike the punisher that you apply or else it won't work.

Briefly, the steps for applying a punisher are:

1. Define the problem.
2. Decide on the punisher.
3. Apply punisher.
4. Wait, then DRO.
5. Be consistent.

THREE THINGS THAT MAKE PUNISHMENT MOST EFFECTIVE:

Immediacy — For best use, the punisher must be given immediately after the behavior. But don't keep on punishing for the rest of the day. If the behavior doesn't reoccur, don't keep on punishing. Punishing the behavior a long time after it occurs will have little effect on the future rate of that behavior.

For example: Joey hits Travis over the head with a board. He gets a scolding and is sent to the table to put his head down for five minutes. There is no reason to keep on scolding him for the rest of the day, if he doesn't hit Travis again.

Consistency — When using a punishment procedure (or any procedure) you will get best results when a behavior is punished **every** time it occurs. This will mean all people who come in to work with a child must agree on how a behavior should be treated.

Reinforce other behavior — It is fairly easy to decrease a behavior simply by punishing it every time it occurs, but the behavior can be decreased more quickly if punishment is used for problem behaviors and reinforcement is used for "good" behavior.

WHEN SHOULD YOU CALL FOR HELP?

Remember, you cannot physically or verbally abuse any Head Start child. The punishers you choose will probably be pretty mild, but there may be some cases in which you will need help.

1. What if you choose your punisher, use it, and the behavior doesn't decrease in frequency? You should choose a different punisher, but what if you have already used a bunch of different types of punishers. What do you do?

2. What if the behavior is very severe and you can't seem to stop it with one or two applications of a punisher? Severely dangerous behaviors are things like: setting fires, self injury, etc. You, as a Head Start teacher, probably will need help to change these behaviors. What do you do?

The answer is call for help. A psychologist or special education teacher will be able to help. They will probably want to talk with the parents and get permission to use a different punishment procedure. They will have worked with these difficult problem behaviors before and will have new ideas and techniques to use. You, as a Head Start teacher, can't use these techniques, but a special education teacher can.

Call for help if you can't seem to find a punisher that will work or if the behavior is severely dangerous.

Q-18 What three things will make punishment most effective?

Q-19 Suppose you have tried many different punishers and nothing seems to work. What should you do?

Response Cost -- Taking Away a Reinforcer

Response cost means that a problem behavior is followed by the loss of a reinforcer which results in a decrease in the rate of the behavior. That is, if a child misbehaves, you take away something you know that the child really likes and the misbehaving will decrease.

In order to use this procedure the child must already have some reinforcers.

STEPS IN THE RESPONSE COST PROCEDURE:

1. Define the problem behavior that is to be followed with response cost. For example:

   Response cost will be used whenever Billy slaps another child

2. Decide what reinforcer will be taken away when the behavior occurs. For example:

   As soon as Billy slaps someone the toy he is playing with will be taken away.

3. Immediately after the problem behavior is seen:
   A. take away the reinforcer.
   B. give a BRIEF explanation of why you took the reinforcer away.
   C. do not give long explanations or apologies.

   For example:

   Billy goes up to Sasha and slaps her on the arm. So the teacher goes up to Billy and says, "Billy, I am taking away the truck because you slapped Sasha."

4. When the child is behaving he may again be reinforced. Wait about 5 to 10 minutes after the incident to make sure the child isn't going to misbehave again so soon. For example:

   Billy has been playing quietly with Sasha, so the teacher goes up and says, "Billy, thank you for playing so nicely with Sasha. Here is your truck."

5. Every time the problem behavior is seen it should be treated in the same way. Be consistent.

Response cost means that a problem behavior is followed by the loss of reinforcers and this decreases the rate of that behavior.

Make sure that you take away a reinforcer (something you know the child really likes) or else this procedure won't work.

CAN YOU TAKE AWAY PART OF THE REINFORCER?

In the last example of response cost the reinforcer that was taken away was the child's toy. The whole reinforcer was later given back to the child. When taking away other types of reinforcers like tokens or gold stars you may take away a number of reinforcers. In this case, all of the reinforcers that were taken away would not be automatically given back as soon as the child was good again, rather the child would have to earn each reinforcer individually. Here is an example:

> Brian has a lot of trouble with tantrums. About every 10 minutes he starts to cry, scream, or throw himself on the floor and kick, so the teacher decided to use a response cost and reinforcement procedure. Every 10 minutes that Brian doesn't have a tantrum she will give him a gold star, but when he has a tantrum, he will lose five stars. When he is not tantruming for ten minutes Brian can start earning his stars back one-by-one.

Reinforcers such as social praise or candy that have already been eaten obviously cannot be easily taken away from the child. **These reinforcers can't be used for response cost.**

WHAT IF YOU CAN'T FIND A REINFORCER TO TAKE AWAY?

You say, "If I take away Joey's truck, sure he likes the truck, but he will just go find something else to use." This could happen, so here is an idea that may help:

Find a special toy that you think the child will like. Whenever the child is behaving nicely let him have it. If he misbehaves take it away. For example:

> Bruce has a lot trouble sitting quietly during story time. Ms. Lopez finds a white cowboy hat she knows Bruce will like. Whenever Bruce sits quietly she lets him wear the hat, but if he starts being noisy, he loses the hat. When he is quiet for five minutes Ms. Lopez gives the hat back to him.

Briefly, the steps for using response cost:

1. Define the problem
2. Decide on reinforcer to be taken away.
3. Take away the reinforcer.
4. Wait, then return reinforcer.
5. Be consistent.

Q-20 What is response cost?

Q-21 What are the five steps of response cost?

Q-22 Why can't reinforcers such as praise or candy be used in a response cost procedure?

Q-23 Is this an example of a good response cost procedure?

Everytime Mike screams during class he will lose one token, so Mike screams and the teacher goes up to Mike saying: "Mike, I'm very sorry but I'm going to have to take one token from you for screaming. You know you shouldn't do that. I don't like having to do this, but I must. You should be a better boy . . ."

Q-24 What do you do if you can't find a reinforcer to take away?

Summary

This unit has described many different ways for decreasing behavior. As you have learned, most classroom behavior is learned and, therefore, can be changed. You will find that the DRO procedure will be the most pleasant to use. You will be getting rid of a problem behavior and training a new behavior in its place.

We hope that, by using DRO, time out, extinction, or response cost for problem behaviors, your classroom will be a nicer place to be. You will find that you don't have to yell as much, and the children will be doing what you want more often.

Supplementary Reading

Living with Children, New Methods for Parents and Teachers

by Gerald R. Paterson and Elizabeth Gullion

Chapters 9, 10, and 11

Research Press
Post Office Box 2459
Station A
Champaign, Illinois 61820

Answers to Study Questions

1. extinction

2. Find the reinforcers and control them.

3. decreases it

4. No, if attention wasn't a reinforcer then withholding attention probably won't decrease the behavior.

5. Observe the problem behavior for a few days. Write down whatever happens just after the problem behavior occurs.

6. with behaviors that must be stopped right away

7. It will increase the rate.

8. the aide comforting and hugging Janie

9. Get together with the aide and ask her not to hug Janie when she cries. Put crying on extinction.

10. (answers provided with question)

11. Differential reinforcement of other behavior. Problem behavior is decreased with extinction and at the same time behaviors other than the problem are reinforced.

12. Extinction decreases the problem, but it doesn't teach appropriate behaviors.

13. Find a place to be used for time out.
Decide which behaviors will be followed by time out.
Describe the exact procedure to be used.
Set the rules for letting the child out.

14. He may do inappropriate things just to get in time out. Time out will be a reinforcer.

15. Coming back may be reinforcing, and if you let him come back while he is still misbehaving, he may be reinforced for misbehaving.

16. not long, 2-3 minutes

17. well lighted, ventilated closet
table on its side in a corner

18. immediacy
consistency
reinforce other behavior

19. Ask for help from a psychologist or special education teacher.

20. A problem behavior is followed with the loss of a reinforcer, and this results in a decrease in the rate of the behavior. If a child misbehaves you take away a reinforcer and the misbehaving will decrease.

21. Define the problem behavior.
Decide which reinforcer will be taken away.
Take the reinforcer away — immediately — whenever you see the problem behavior occur.
When child is behaving return the reinforcer.
Use response cost whenever the problem behavior occurs.

22. because praise and candy can't be taken away (unless the candy hasn't been eaten)

23. No, you shouldn't apologize, comfort or give long explanations.

24. Find a special toy. Let the child have it only when he is being good; take it away when he misbehaves.

Practicum - Unit 6
Observation Sheet

Write a short version of the learning activity design you wrote for Unit 5. Give this to your trainer as you tutor.

Summary of procedure:

Child: _____ Date: _____

Behavior to be increased: _____

_____

Reward(s) to be used:

1. _____
2. _____
3. _____

What standard of behavior will be rewarded? (How often, how well.)

_____

What task will be used?

_____

Will any other contingencies be used? (Response cost for incorrect answers?)

_____

_____

Tutoring Schedule: for the rest of the course.

Baseline: Unit 6 (use no reinforcers as consequences)

Intervention: Unit 7, 8, 9, 10 (use reinforcers)

Return to Baseline: (when and if advised to do so by trainer)

Unit 6 - Baseline
Data Sheet

Today, take a baseline on the behavior you are interested in. Do not try to reinforce the behavior, just record how many times it occurs. Use this sheet to keep a record during tutoring.

Date: _____ Child: _____

	Opportunity given	Check if the behavior occurred	Check if child was rewarded
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

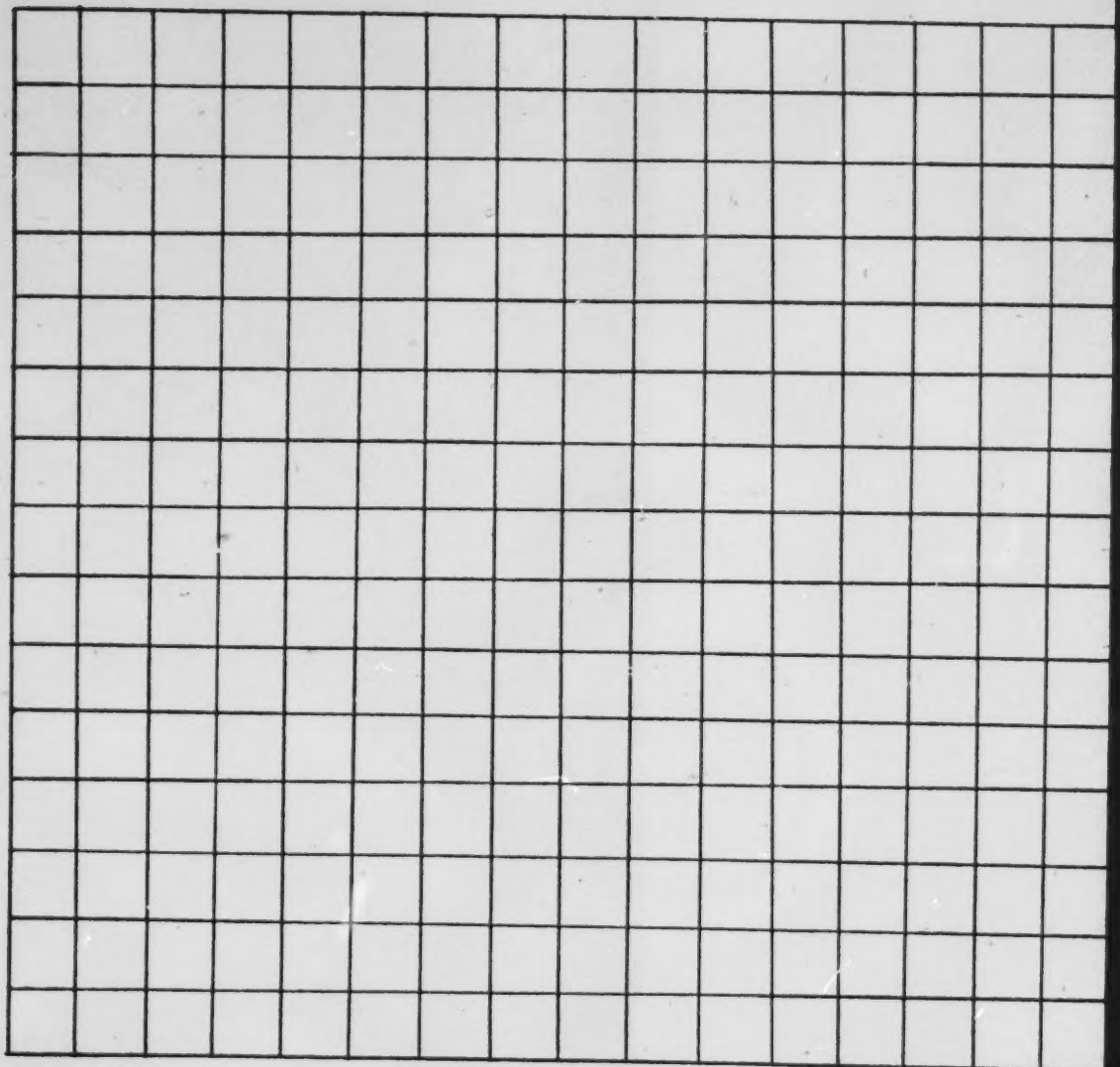
Behavior Definition: _____

_____

_____

Graph your results on the Unit 6 graph.

Use this graph to make a picture record of your data: (Unit 6, 7, 8, 9, 10)



Number:

Date: 150

UNIT 7

Planning for Special Needs

The handicapped child is special and will have some special needs. This unit will give you ideas for working your handicapped child into the school routine as smoothly as possible.

Many people have the notion that a handicapped child will take a great amount of extra time and work. This extra work does not have to be a burden. You will use many of the same techniques used with any of your children. All it takes is a little planning. The extra work will be well rewarded when your child learns a skill no one ever thought he could learn.

Time and time again the authors have heard such success stories. A Head Start Center is required to take a handicapped child, but the teachers are afraid. Sure, they have read **Effective Approaches** and have a good idea of how to work with the child, but it still seems scary. Well, the child comes into the classroom and within a very short time the child and class are well adjusted to the new change. The child is learning all sorts of new skills instead of staying home. And, the teachers can't imagine why they were ever afraid. Having a handicapped child in your classroom can prove to be a very worthwhile experience.

INTRODUCING THE HANDICAPPED CHILD INTO THE CLASSROOM

In many cases, handicaps aren't really obvious. The child can go right into the classroom and the children will immediately accept him as one of their peers. However, in other cases, the child may be more seriously handicapped. Putting this child right into the classroom for the entire day might prove to be a real problem — for both the child and the class.

To introduce a handicapped child into the classroom, here are a few steps to follow.

IF THE HANDICAP ISN'T TOO SEVERE

Mild handicaps that probably wouldn't put a strain on the child or the class might include: wearing of braces, hearing aids or thick glasses, some speech impairments, mild retardation, etc.

A. Introduce the child into the classroom as you would any non-handicapped child. Try to treat this child as you treat all the others.

B. If any of the children ask questions about special devices the child is wearing, don't hesitate to answer. Tell them all you know about it. Avoiding the questions will only make the situation seem mysterious and set the child out as different.

If the handicap is more severe

Some very noticeable handicaps may cause a flood of stares, comments and questions from the class. In addition, some severely handicapped children aren't used to a full day of active group work. For these reasons, it is suggested that the child be brought into the classroom gradually. Consult with the specialists you saw before, when you screened the child (e.g., physician, orthopedist, physical therapist, etc.).

Have them give you ideas on what the child's first few weeks should include. Here are some suggestions.

A. Introduce the child into the classroom slowly. At first, one hour a day may be all you choose. Lunch time is a very good place to start. The children are having a good time and are busy. A new child may just blend in to all the excitement. After a few days, increase the time spent in the classroom to 2 hours. The object is to slowly bring the child into the class.

B. Don't hover over the child, but do be sensitive to the child's needs. The child may need help with:
   Going to the bathroom
   Eating
   Going up and down stairs
   Putting on braces
   And other tasks
   In addition, the child may get tired easily. Keep a special watch for this and let him nap when necessary.

C. A handicapped child may take a lot less work than you expect, but it is going to require some work. It may be hard to adjust to giving help to just one child. Why not get a volunteer to help? Many charitable organizations have members very willing to work with handicapped children. Let the volunteer help until you adjust to the routine. Then you can slowly fade the volunteer out.

D. One way to make the child feel accepted would be to encourage the other children to play with him. There are several ways to accomplish this. You can use reinforcement techniques learned earlier. Reinforce the other children for playing with your handicapped child (e.g., "I really like the way Joey and Lolita are playing with Sara!"). Or, you can set the stage. Ask one of the children to help teach the handicapped child a new skill. Skills might include, putting a puzzle together, playing a musical instrument, putting on a coat, etc. Children love to be teachers and this is a nice way to get them to socialize with the new child.

In summary, to introduce a seriously handicapped child into the classroom, follow these suggestions:

1. Bring the child into the classroom gradually.
2. Be sensitive to the child's needs.
3. Get a volunteer to help you adjust.
4. Encourage classmates to play with this child.

Q-1 How should you introduce a **mildly** handicapped child into the classroom at first?

Q-2 How long should a more severely handicapped child be in the classroom at first?

Q-3 Name some needs of the handicapped child to which you should be particularly sensitive?

Q-4 How can you encourage classmates to play with the new handicapped child?

Now you have seen that although a handicapped child will need a little extra help, he really isn't that different from the other children. Each one of your children is special and not like any other. Sometimes you may ask yourself how you can be just one teacher with 15 different children. Some children are real go-getters, always moving, while others are timid and quiet. Some children come to school already knowing how to spell their names while others still must learn how old they are. Some of your children "pick up" whatever new thing you have to teach them, but others may always drag behind the group. With each child being a different person, you find you must teach each one differently.

Is it really important to work at different levels with your children? This little story may make it more clear to you why you, the teacher, should try so hard to meet the special needs of each of your children:

Fable for School People

Once upon a time, the animals decided they must do something great to meet the problems of "A New World." So they elected a school board consisting of a bear, a badger, and a beaver. The school board hired a porcupine as a teacher. The classes consisted of running, climbing, swimming, and flying. To make it easier, all the animals took all the classes.

The duck was excellent in swimming, in fact, better than his teacher; but he made only passing grades in flying and was very poor in running. Since he was slow in running, he had to stay after school and also drop swimming in order to practice running. This was kept up until his web feet were badly worn and he was only average in swimming.

The squirrel was excellent in climbing until he developed frustration in the flying class where his teacher made him start from the ground up instead of the treetop down. He also developed "Charley horse" from over-exertion and then got C in climbing and D in running.

The eagle was a problem child and behaved badly. In the climbing class he beat all the others to the treetop, but insisted on using his own way to get there.

The rabbit started at the top of the class in running, but had a nervous breakdown because of so much extra work in swimming.

At the end of the year an abnormal eel that could swim very well, and also run, climb, and fly a little, had the highest grades and was valedictorian.

The prairie dogs stayed out of school because the school would not add digging and burrowing to the classes. They apprenticed their child to a badger and later joined the groundhogs to start a successful private school. And so the school was closed, much to the relief of all the forest people.

"The rabbit had a nervous breakdown."

Phimister, Z.S. "Education — special or not!" **In Special Education: Strategies for Education Progress.**
pp. 245-251. Selected convention papers, 44th Annual
C.E.C. Convention, Toronto, Canada, April 17-24, 1966.
(E.E.C., N.E.A., 1201 Sixteenth Street, N.W.,
Washington, D.C. 20036

Did you find yourself thinking of the "ducks" and "rabbits" in your class? How can you make school a good place for all your "different" children? You are faced with a whole group of children who have different skills and different needs. You can't get around the fact that you are responsible for the group and yet you must meet the needs of individual children. The following lesson makes a number of suggestions about how you can individualize within the group.

Teaching Plans for Working with Several Levels at the Same Time

DIFFERENTIAL RESPONDING: This is a method used when working with a group of children on one activity. You simply require each child to respond at his own different level. For example, if you are working on language skills you might hold up an object and say, "What is this?" You might ask one child to give a full sentence answer, like: "That is a green and blue striped ball." But another child who does not have good language skills might be praised just for saying, "Ball" or even "Bah". You might give prompts to some children but require others to answer without any help. For example, you remind one child to say, "This is . . . .", but for another you could just say, "Say the whole thing." Some children might have to be led through the group activity while others will already know how to do the task. The object of using differential responding is that you do not expect one kind of answer from every child in the group. You prompt and praise different kinds of responses depending on each child's abilities.

—Differential Responding—

Differential responding within a group is very helpful for handicapped children for several reasons:

1. **All the children have equal opportunities to participate. A child is not passed over just because he cannot make one expected group response.**
2. **Handicapped children learn from non-handicapped children who are able to make other kinds of responses.**
3. **Handicapped children are able to be successful, because they can respond at their own level. These children do not have to suffer repeated failure, but instead can grow in confidence.**
4. **Handicapped children are more likely to be understood and liked by the other children because the children are used to doing things together.**

Q-5 Does every child in a group need to respond in the same way?

Q-6 What is it called when the teacher allows each child to respond on his own level?

Q-7 What are some possible ways children could respond to the question: "Who is in your family?"

1. _____
2. _____
3. _____

SMALL GROUPS: A method that you are probably already using is to organize small groups of children who work at about the same level. There are several ways you can divide the class into small groups.

1. You might place small groups of children at different tables with different activities going on at each table. Then you become a "roving" teacher, going from table to table to supervise the work. If you have enough volunteers you might assign an adult to each table and then travel from adult to adult giving suggestions where needed.

2. You might "stagger" activities so that one group of children is playing or doing work that does not require much supervision while a smaller group works under your close supervision. For example, one group may go out to the playground with an adult while you work on fine motor skills with a small group of children. The small groups can rotate so that everybody gets a turn to play and work.

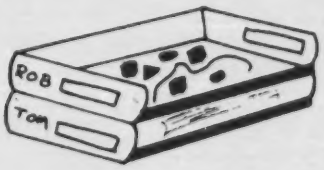
3. When teaching a special lesson or presenting a difficult activity you might work with a different small group each day of the week. For example, one teacher wanted to teach her children how to behave in a restaurant (how to order food, how to ask for a menu, etc.) so the teacher took four different children to a restaurant for lunch each day of the week. It was easier for the teacher to handle a smaller number of children and the teacher was able to give lots of attention and help to each child.

Q-8 What should the teacher be doing when the class is broken into groups at different tables?

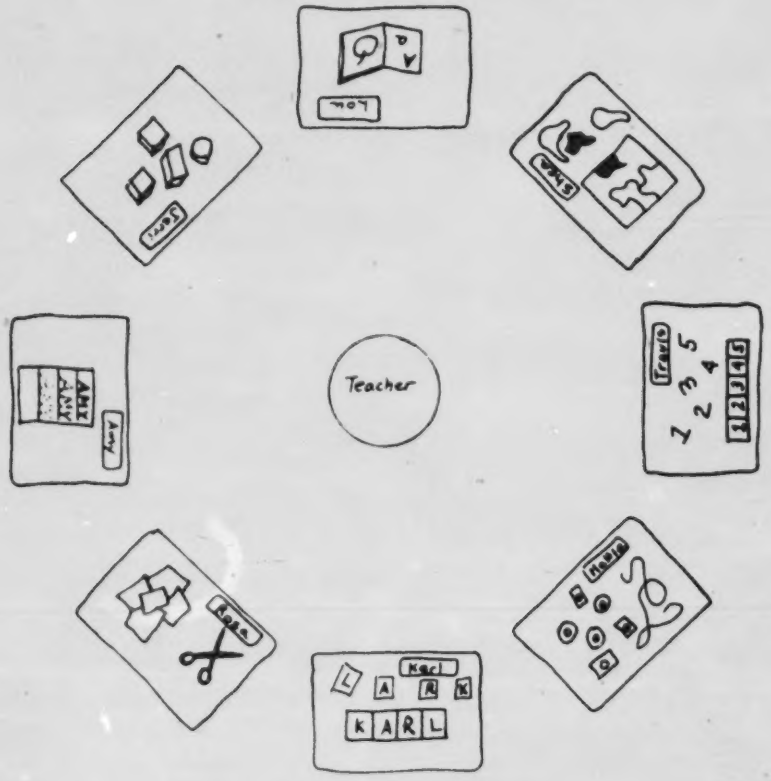
Q-9 When might you work with a different group of children each day of the week?

INDIVIDUAL ASSIGNMENTS: It really is possible to set up different work tasks for each child within the group. Each child can be working at his own level on an individual assignment. Now, before you say, "Impossible!", let me tell you how a couple of teachers set up individual assignments in their classes.

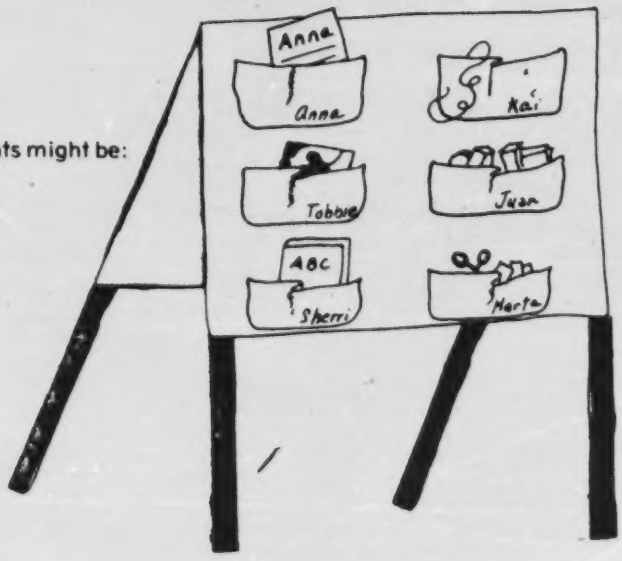
1. One teacher purchased office stacking baskets for each child. Each basket was labeled with the child's name and every morning the teacher would place the materials in the basket that that child should work on that day. At table work time each child received his own basket with his own materials in it. This allowed the children to work on their own specific needs. For example, one child worked on stringing beads while another practices drawing triangles, and still another did color matching.



2. Another teacher invented what she called "mat time." Each child had a mat of his own and all the mats were arranged in a circle during mat time. The teacher placed each child's materials on his mat and then worked from the middle of the circle so that she could quickly reach any child that needed help. As a child finished a task he brought his materials to the middle of the circle for checking and was then allowed to go to free play.



Other ways to set up these individual assignments might be:
— A bulletin board with pockets



— Shoe boxes
— Coat lockers, etc.
It can be done!

Q-10 How can stacking baskets be used to make individual assignments?

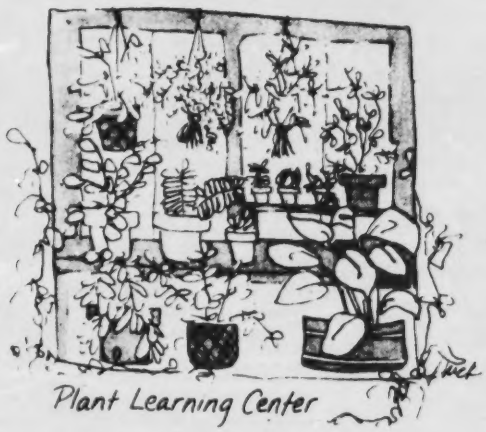
Q-11 What could a child do after he finished his "mat time" work?

Q-12 Name two ways you could set up individual assignments?

1.

2.

LEARNING CENTERS: Another way to individualize is to provide learning centers or special interest areas around the room for children to use on their own. This will allow some children to spend time on an activity that they, individually, are interested in. Learning centers can include a wide variety of activities. You may have a math area that is made of a colorful cupboard full of fun counting games and toys. You might have a science area that features lizards, snakes, and turtles this month and growing garden plants next month. Some children may want to listen to a tape recording in the story corner while others would be interested in using cups and pitchers to practice pouring in a water-play area.



Plant Learning Center

Some points to remember in setting up a learning center are:

1. The child should be able to use the materials without adult assistance. This lets the teacher supervise the whole room without giving all her attention to one area.

2. Learning centers should be attractive and eye catching. A child may be interested in exploring a learning center because it **looks** like fun.

3. There should be a limit to the number of children that use the learning center at one time. Overcrowding will make the activity less fun and might keep children from trying other activities.

4. Children should be encouraged to try new activities and to rotate from center to center occasionally. Otherwise, a child might miss out on an activity he would have enjoyed.

Q-13 Why is it important that a child can use a learning center without adult assistance?

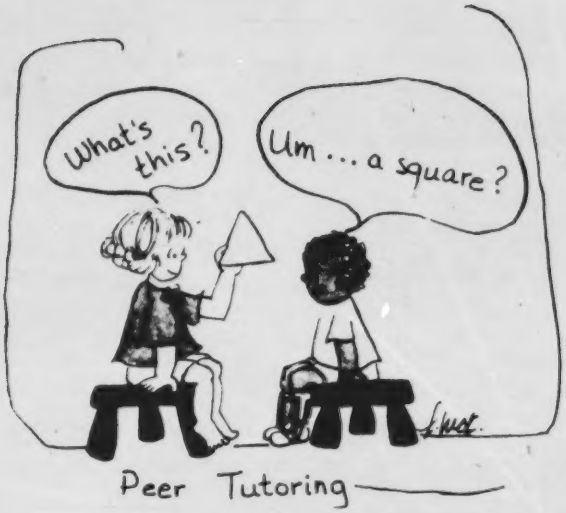
Q-14 Why should you limit the number of children using a learning center at one time?

ZONE TEACHING: Typically, adults in a classroom are assigned to a group of children and the group does each activity together — waiting while others take turns and waiting for everyone in the group to complete the activity. It is often more efficient to assign adults to zones or room areas rather than to groups. For example, one adult may be in the lunch room to supervise eating while another adult is in the rest room supervising toothbrushing and still another adult is in the naproom getting kids settled down for naps. With this arrangement a child can be excused from one area as soon as he has completed that task and go to the next area. This gets rid of unnecessary waiting for the rest of the group and allows children to move on at their own rates. A child who can complete activities quickly can use leftover time for learning something new or especially interesting. A child who needs extra time on an activity will not hold up the rest of the group and, if needed, can get extra help from that zone teacher after the rest of the group has moved on.

Q-15 What is zone teaching?

Q-16 What advantages are there to cutting down children's waiting time?

PEER TUTORING: It is often a good idea to use children in the classroom to teach each other. A child who has already mastered a skill can practice it by teaching another child. This is called peer tutoring. By using peer tutoring you can provide one-to-one teaching while helping the children learn to share and to help each other. It is best if all the children get a chance to be tutors or teachers from time to time. Someone may know all the colors but somebody else may be a great paper folder. It is necessary to look for all the children's skills and possible ways they could be a teacher. If a child is not as skilled as other children in the class you may be able to help him lead the group in calendar time or singing or some other time so that he too can be a teacher.

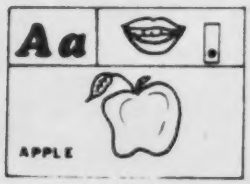


Q-17 What is peer tutoring?

Q-18 How does tutoring help the child who is the teacher?

Q-19 What should you do with the child who is not skilled enough to tutor someone else?

PROGRAMMED MATERIALS: If you are lucky enough to have extra funds to buy classroom materials, you might want to consider buying some programmed materials. These materials are usually set up in small steps and are presented in such a way that the child can teach himself without much help from the teacher. These are often very valuable for a handicapped child who needs a lot of work in one area that the rest of the class does not need. Some examples of programmed materials are these:



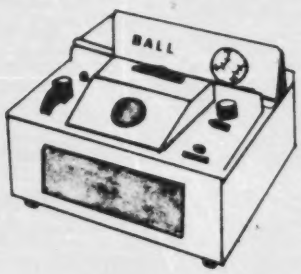
"Form-A-Sound" — This is a program that would be especially useful for a child with hearing and speech problems. The program is made of a set of sound cards. Each card has a picture of how the lips are used to form the sound, the alphabet letter that names the sound, and a picture of an object that starts with that sound. There is also a cue on each card to let the child know whether the sound requires the use of his voice. A child can practice making the sounds in a mirror so that he can see if he is forming his mouth and lips correctly. This is important for a child who cannot hear the sounds he is making.

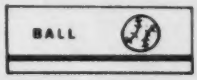
"Language Master" — This is a program that works like a tape recorder but instead of using tapes, it records and plays sounds from language cards.

The cards are easy to insert into the machine and can also be used to record the child's own voice so that he can compare his own speech with the sample from the card. Some cards come already prepared; others are blank so that the teacher can make samples herself. A prepared card will show the word and a picture of the object named.

The machine is very easy to use, even for children, and is especially helpful for children who have speech problems.

You will probably find many other programmed materials by browsing through sales catalogues.





Q-20 What are programmed materials?

Q-21 Why are these materials useful for handicapped children?

PART-TIME ATTENDANCE: Most of the handicapped children enrolled in your class will be spending all their school time with you, but it is possible that some children will only attend part-time. These part-time students may be in special therapy or classes part of the day. You may need to adjust your schedule with the handicapped child who needs to leave for speech therapy or physical therapy, etc. occasionally. It is well worth your effort, because these children will need special therapy just as much as they need group work and time to be with other children.

On the other hand, there may be a special preschool near you whose children do not get a chance to be part of a regular class group. You may be of great help by inviting some of these children to join your class from time to time. This will also give your children the chance to meet more severely handicapped children. They will learn from each other.

Some children may attend part-time because their health does not let them be in school full time. A child may tire easily or may be sick much of the time. By letting the child come to your class part-time the child gets the most out of the times he is feeling well. Sometimes just starting school is such a big job for a handicapped child that the child progresses better if he is allowed to come part-time at first and gradually work up to full time attendance.

Q-22 What might your part-time students be doing when not in your class?

Q-23 How can your Head Start class serve other children who are in special preschool classes?

Now you have a number of ways to individualize even when working with a group:

—Differential Responding
—Small Groups
—Individual Assignments
—Learning Centers
—Zone Teacher
—Peer Tutoring
—Programmed Materials

It takes some thoughtful planning, however, to get the most out of these procedures. For example, Learning Centers do not just happen; you have to give a lot of thought to what would interest and educate your children. Planning is another big job in itself, but planning can be made easier by having some ideas about how to organize your planning. Here are some suggestions or "road maps" you might find useful in organizing your plans.

First let's look at some ways different teachers plan their days.

Planning

One way to organize the day is to build your activities around **one** important concept that you are working on. As you plan you think of art, play, tablework, etc. in terms of how it can be used to teach today's concept. Here is an example:

Mrs. Lewis' class is working on "people who help us" this week. Wednesday's unit is the "Mailman". Today's activities will include language, music, art, games, fine motor practice, and story telling.

A. Language — Unit Group Lesson (all children)
   1. Invite a mailman to visit the class.
   2. Have children take turns in front of the group acting out the mailman's job.

B. Music
   1. Sing the "mailman" song to the tune of "Row, Row, Row Your Boat."
   2. Have children march and play instruments as they go over the mailman's route.

C. Art
   1. Have the children make mailman hats from paper bags. (Have Josie who has fine motor problems work on folding letters. Laura can help.)

D. Games
   1. Play "Ring around the Rosie", but with the mailman delivering the note. (Charline and Juanita go to speech therapy.)

E. Fine Motor
   1. Make up a worksheet with a mailman on it. Have the children color the mailman and cut it out. (Ellen and Vincent are only required to color on the page.)

F. Story telling
   1. Read a story about the mailman. Use the flannel board figures.

Another way to plan concept days would be to plan days around special events. You might even have a file of these plans ready for emergencies or days when you are going to be absent.

Some examples of special events would be:

Zoo trip day
Indoor day (bad weather)
Valentine's day
Water play day
Parent day
Pumpkin day

WRITING IT DOWN:

Any time you organize a day you should plan in terms of what the children will do, what materials are needed, and how the teacher (volunteer, etc.) will help. The teacher can then set up a table and fill it in for different time blocks:

Time	Content	Materials	Child's Role	Teacher's Role

Here is a completed daily schedule using this format. Following it is a blank schedule page for you to fill out with your own daily plan.

Here is an example of a good daily schedule:

SUGGESTED DAILY SCHEDULE

Time	Content	Materials	Child's Role	Teacher's Role
8:15 - 8:40	Practice social skills	Games, building materials	Child chooses involvement, cooperates with others	Reinforces cooperation, guides when necessary
8:40 - 9:00	Language development	Peabody cards, magazine pictures, stories	Child listens and answers questions	Asks questions, prompts, and reinforces answers
9:00 - 9:20	Fine motor skills	Beads, peg board, sewing cards, etc.	Listens and follows directions	Prompts when needed, reinforces
9:20 - 9:40	Snack, social skills, language, self help	Juice, cookies, napkins, etc.	Helps serve others, feeds self, and converses	Gives directions, helps when needed.
9:40 - 10:00	Problem solving and pre-academic	Color cards, numbers, and counting blocks, puzzles	Listen, watch, and answer questions	Present questions, prompt and reinforce answers
10:00 - 10:20	Gross Motor Skills	Large room, playground, gross motor equipment	Participates in active play	Direct and help children
10:20 - 10:45	Social Skills	Games, building materials, play equipment	Cooperates and shares with others. Does not disturb others.	Helps child choose activity, guides and reinforces
10:45 - 11:20	Music and Art	Rhythm toys, arts and crafts materials	Chooses activities, listens and cooperates with others	Directs large group in music, Helps in art, reinforces
11:20 - 11:30	Clean up, Self help	Cleaning materials	Helps self, cooperates with others	Directs and helps children
11:30 - 12:00	Lunch: Self help, Social	Lunch dishes, tables and foods	Routine, self help, converses	Directs and helps

Here is another sample that is slightly more specific and may be especially useful for working special needs children into your lesson plans. In this plan, each teaching person (Jackie, Dallas, and the volunteer) rotate between 2 activities. Here is the format:

Time	Activity	Person Responsible	Instruction	Purpose	Target Children

Time	Activity	Person Responsible	Instruction	Purpose	Target Childre
9:15-9:30	rug time	Jackie	Comparison lesson-work on "shorter than" finger play book	comparison language devel. large group disc. listening skills	all especially Mark and Lola
9:30 to 10:30	Dot to dot	Jackie	follow dots hold pencil correctly use 1 cont. line	fine motor skill eye-hand coord. writing readiness	Juan Stanley
	stringing cheerios	volunteer	string cheerios on to yarn string	eye-hand coord. fine motor skill	Juan Betty
	Prep. pretest	Dallas	present cards all at once, ask child to identify	identifying preposition language devel.	All
	tying shoes	Jackie	use shoes on boards	fine motor skills tying bows	Stacey John
	puppets	volunteer	free play	role playing language	All
	hopping	Dallas	use music encourage children to hop on <u>one</u> foot	balance gross motor	All especially Carla Bill

Now you plan a daily schedule for your own classroom. Use one of the two different types of forms suggested in the last few pages.

Time	Content	Materials	Child's Role	Teacher's Role

Time	Activity	Person Responsible	Instruction	Purpose	Target Children

CLASSROOM LAYOUT

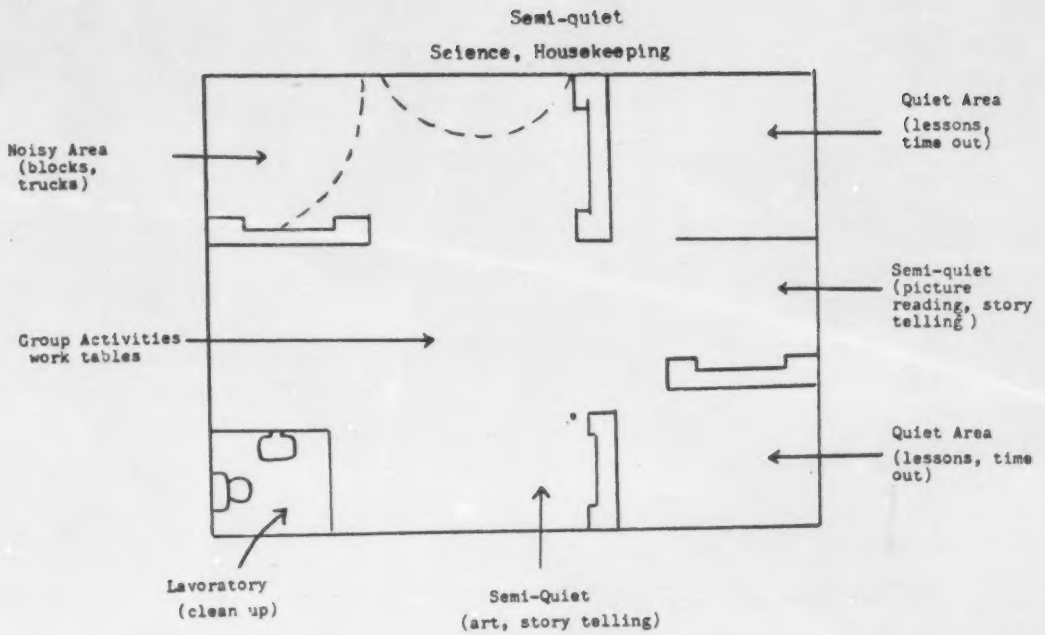
Once you have organized your day's activities, you will also find it useful to organize the layout of your classroom. You need spaces for quiet time, table work, storage, and clean up. How can you best use your room? Remember to keep these things in mind:

A. What do you need space for?
   1. movement of children and adults (remember to allow for wheelchairs or crutches if you need to)
   2. a large area for group games
   3. corners and quiet spaces for special activities
   4. room for lunch and work tables
   5. kitchen and restrooms
   6. room for sleeping cots or mats
   7. you may need special quiet places for one-to-one tutoring of some of your children

B. What kind of activity areas will you plan for?
   1. housekeeping corner
   2. block building
   3. reading corner
   4. painting area
   5. water play

C. Plenty of storage space — well labeled and organized so you can find things easily and avoid clutter.

Here is an example of how one teacher arranged her classroom:



How does your classroom look now? Draw a map of your room here:

How would you like your classroom to look? Think about the activities you have planned. Draw a map of a "perfect" room for you:

You may also have to plan for special space needs of handicapped children. For example, you might need to add a ramp by the front steps for wheelchairs to get in and out. You may need rails in the bathrooms so a child can help himself during toileting. You should check doorways and halls to make sure a child on crutches can get through. If you are expecting a blind child, you may want to cushion sharp edges of shelves or doors that come at child level. If you will be giving medications you will want a high cupboard that can be locked. Some children will need extra storage space for their equipment — wheelchairs, stand-up tables, tricycles, earphones, etc. Thought will need to be given to changes that may be needed on the bus, on the playground, during fire drill, etc.

Now, with plans in hand you are ready to get through every day with a smile!

Q-24 What are two things to remember in planning space for classroom needs?

Q-25 What are two activity areas you might plan for?

Q-26 Name one special space need of a handicapped child.

Supplementary Reading

A Setting for Growth — Caring for Children — Number Six.
Lois B. Murphy and Ethel M. Leeper

U.S. Department of Health, Education and Welfare
Office of Child Development
U.S. Government Printing Office
Washington, D.C. 20402

Project Head Start — Equipment and Supplies
Office of Economic Opportunity
Washington, D.C.

Answers to Study Questions

1. Introduce the child as you would any non-handicapped child.

   Answer any of the children's questions about the handicap.

2. An hour a day — then gradually for longer periods of time.

3. Going to the bathroom, eating, going up and down stairs, putting on braces, etc.

4. Reinforce the children for playing together and set up situations for the other children to work or play with the handicapped child.

5. no

6. differential responding

7. different levels of responding
   1. "Mah-Dah"
   2. mother, brother, sister
   3. There is my mother, and my father, and my two older sisters.

8. The teacher should move around the room from table to table.

9. for special events or activities that need close supervision

10. Each child can have a basket of his own with individual materials.

11. He could go to free play or the next activity.

12. or other ideas
    1. could put assignments in each child's locker
    2. give each child a shoebox with his materials

13. The teacher can then be free to supervise the rest of the room.

14. Overcrowding will make the activity less fun.

15. Adults are assigned to areas of the room rather than to groups of children.

16. Children can use the extra time to learn new things or just for having fun.

17. Using children to teach each other one-to-one.

18. The child get to practice what he knows.
    The child learns to share and help others.

19. You should give him the chance to help you lead the group.

20. materials set up in small steps that the child can use by himself

21. A handicapped child can work alone on problems that require lots of practice.

22. They might be in therapy, in another special class, or even at home.

23. Children from special classes can be invited to join your class in some activities.

24. any two of the following:
    1. movement of children and adults
    2. a large area for group games
    3. corners and quiet spaces for special activities
    4. room for lunch and work tables
    5. kitchen and restrooms
    6. room for sleeping cots or mats
    7. you may need special quiet places for one-to-one tutoring of some of your children

25. any two of the following:
    1. housekeeping corner
    2. block building
    3. reading corner
    4. painting area
    5. water play

26. any one of the following:
    1. room to move through door and halls
    2. ramps
    3. cover sharp edges
    4. cupboard for medication
    5. storage for equipment

Unit 7 - Intervention
Data Sheet

Today, start using your reinforcer following the behavior you wish to increase. Use this sheet to keep a record during tutoring.

Date: Child:

	Opportunity given	Check if the behavior occurred	Check if child was rewarded
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Behavior Definition: _____

_____

_____

Graph your results on the Unit 6 graph.

Practicum - Unit 7

Monitoring Sheet

Give this sheet to your trainer. The trainer will check the boxes that describe how well you tutored and return it to you.

_____ Good for you, you rewarded the child **immediately** following a correct response.

_____ A little slow, remember to reinforce correct responses immediately.

_____ That's the way, you used praise with all your rewards to the child.

_____ Your praise was enthusiastic and sounded like your really meant it. Keep up the good work.

_____ Your praise didn't sound real. Were you enthusiastic enough?

_____ You did a good job of ignoring "bad" behaviors and paying attention to the child when he worked well.

_____ You should not pay so much attention to the child when he

_____ Your attention may be reinforcing this problem behavior.

_____ Nice job, you had all your materials ready and at hand.

_____ You need to have everthing you need ready. Try to think ahead.

_____ Overall you did a very nice job. The child cooperated and all went well.

_____ You had a tough situation but you handled it well.

_____ Let's sit down and go over the learning activities again. We may need to make some changes.

Comments: _____

_____

_____

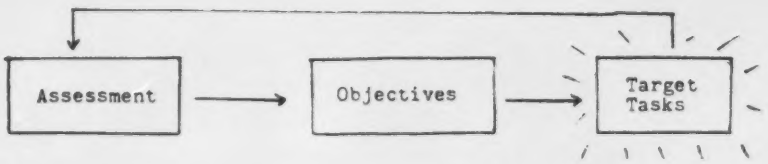
_____

UNIT 8

Target Teaching

Now you know several methods to help you teach individually, even within the group. **Still** you must know **what** each child needs. You must learn to "target teach" — to aim at the specific skills needed by each child. While working with the whole group, you must aim at individual target behaviors.

Before you can start aiming for an individual target you must have a good idea of what **behaviors** you want to change. This unit will help you in choosing target behaviors to work on and on deciding where to start. As a teacher the steps you go through look much like this:



Each step brings you closer to the "target" behavior. **Assessment** lets you see where the child is, what his strengths and weaknesses are. **Objectives** help you set up the general or long term goal you have for the child. **Tasks** are the small steps or specific targets you are shooting for. As a child succeeds with each task, you should be able to go back to assess his skills again and may change your objectives. Let's look at each step alone to make this chart more clear.

Assessment

Assessment is the first step. Unit 2 told of some ways to assess children, to find their strengths and weaknesses. Teachers' records, checklists, and behavior profiles will tell you a great deal about each child. You should be able to use these to find the weaknesses a child may have. What areas need to be improved? What behaviors should be increased? Let's review a little.

Checklists: How are the children developing over all? At the beginning of the year and at about the middle of the year you will want to complete behavior checklists and compare these to checklists made before. Look at the specific items you've been working on — have the children added to their skills?

You might want to keep a constant checklist on some or all of your children. You will want to mark off a skill on the checklist as soon as it has been learned. One easy way to do this is to hang one large checklist in your office or in the classroom with each child's name and the skills written on it. For example:

NAME	Rides tricycle	Walks on a line	Climbs ladder	Jumps rope	Cuts w/ scissors	Strings beads	
Sally S.	■	■			■	■	
Ricky K.	■	■	■			■	
Allen B.		■	■		■	■	
Mary G.		■	■		■		

Now the teacher can color in each square as that child learns that skill.

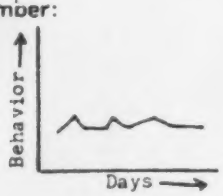
Some examples of weaknesses that you may find with the checklist are:

— "the child cannot jump on one foot"
— "the child cannot unbutton buttons"
— "the child cannot sit still at the lunch table through the whole lunch"
— "the child cannot brush his teeth alone"
— "the child cannot name the primary colors"

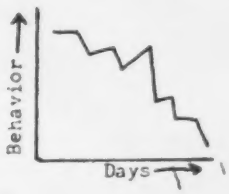
"The child cannot jump on one foot."

Data and graphs: Are you recording specific data on some behaviors? You may want to look back to the unit on recording to review how to read the graphs you are keeping.

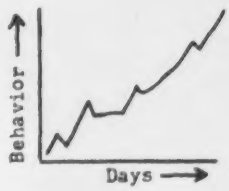
Remember:



The behavior is not changing. It is staying about the same.



The behavior is decreasing. It is happening less often.



The behavior is increasing. It is happening more and more.

If the child you are taking data on has successfully learned the behavior you wanted, you may want to move on to a new task. If the child is not learning, you may want to re-set your goals or change your procedure.

Test results and recommendations: Once you have received the testing report on a child you may want to work on specific behaviors that the tester felt were needed. A tester may make specific recommendations, for example: a speech therapist might suggest:

> "Charlie needs more work on naming objects. Please work with teaching him to name common objects like: chair, table, spoon, ball, etc."

On the other hand the tester's report may not be specific. The speech therapist may simply say:

> "Charlie is lacking in expressive language."

You may have to press the tester to be more specific so that you will know exactly what behaviors need work. These and many more are possible problems you may notice your children having.

Study Questions

Q-1 What is the first step for the teacher in choosing child behaviors to change?

Q-2 What does assessment tell you?

Q-3 What tools can you use for assessment?

Q-4 Name one weakness that you might discover using a checklist.

Q-5 Read example below.

What problems does this child have?

Child: Mark Warren Teacher: Betty Ford

Behavior	Comments
1. Sits in desk	Does very well.
2. Participates in group lessons	Is a good leader.
3. Listens to directions	Does not follow directions
4. Completes assigned work	leaves materials without finishing
5. Initiates contact with peers and adults	Ok
6. Does grade level work	Ok.

Objectives

Planning objectives is the next step a teacher must take. This is where you decide what road to take to help overcome the child's problems. What will your **long term goal** (objective) be? What behavior will the child need to have to get over his problem or weakness?

The easiest way to write objectives is to keep in mind four questions:

— **WHO** is to perform the task?
— **WHAT** task is to be performed?
—**WHEN** is the task going to be performed?
—**HOW WELL** is the child expected to do it?

Here is an objective which answers these questions:

WHO	the child
WHAT	will sit still at the table
WHEN	when eating lunch
HOW WELL	for 20 minutes out of half an hour

Let's look at another objective:

WHO	the child
WHAT	will name three colors
WHEN	when asked by his teacher to do so
HOW WELL	in 3 out of 4 tries

Q-6 Now, you fill in the answers for some of these objectives:

WHO	the child
WHAT	will unbutton shirt buttons
WHEN	when asked to by his teacher
HOW WELL	_____

Q-7 another:

WHO	the child
WHAT	will brush his teeth
WHEN	_____
HOW WELL	_____

Let's take a full example. First look at the assessment:

"The child cannot
a) walk a 1" line backwards
b) balance on one foot without support (5 sec.)
c) broad jump (running) at least 23"

Next the teacher must write an objective that will meet the child's needs:

"Objective:
The child will stand on one foot unaided for 5 sec. in 4 out of 5 chances
when told to do so by the teacher."

By looking at the assessment you will notice that this child could do nothing that required him to stand on one foot. Walking the line backwards, balancing on one foot, and broad jumping were all similar tasks because the child needed to be able to stand on one foot. The teacher did a good job choosing the task of having the child balance on one foot. Her objective answered all four questions:

"The child will stand on one foot unaided for 5 seconds."

WHO	the child
WHAT	will stand on one foot unaided
WHEN	when told to by the teacher
HOW WELL	for 5 sec. in 4 out of 5 chances

Here is an example of another child. First, the assessment data:

"The child cannot
a) build a 6 block tower
b) turn one page at a time
c) string beads"

Notice that all these tasks require that the child have good fine motor movements, good use of the fingers. The teacher tried to write an objective that would help him meet his fine motor needs.

"Objective:
The child will be able to place 4 out of 5 half inch pegs in a straight line on a peg board when asked to do so by the teacher."

Q-8 How does this objective answer the four questions?

WHO —
WHAT —
WHEN —
HOW WELL —

Writing long term objectives like these is where a teacher starts, but each long term objective must be broken down into the small tasks that will help the child reach the long term goal.

Q-9 What is a long term goal called?

Q-10 What four questions are answered in a good objective?

Q-11 Write an objective from this assessment data:
"The child cannot name the primary colors: red, yellow, and blue."
Objective:
WHO _____
WHAT _____

WHEN _____
HOW WELL _____

Target Tasks

Target tasks are the small steps or **short term goals** that come closer and closer to the final goal. You set up short term goals when you list the steps you will follow in shaping and chaining, so this will look very familiar. You simply list the small tasks (targets) that will help the child reach your objective.

For example, here is a long term objective:

"The child will be able to walk a 4" balance beam without falling off for 8 out of 10 times when told to do so by the teacher."

This long term objective is what the child should learn to do eventually, but what must he learn tomorrow and the day after? What are the small steps toward the objective? Here are some possible tasks:

"Tasks:
When told to do so by his teacher, the child will be able to:

1st: Walk on a 4" tape line without stepping off the tape in 4 out of 5 attempts.
2nd: Stand on a 4" balance beam for 15 seconds in 9 out of 10 chances.
3rd: Walk a 4" balance beam with the help of a hand rail without falling off in 4 out of 5 attempts.
4th: Walk a 4" balance beam without help 4 out of 5 times.

Another objective was:

"The child will be able to place 4 out 5 half inch pegs in a straight line on a peg board when asked to do so by the teacher."

Some possible short term goals are:

"Tasks:
When told to do so by his teacher, the child will be able to:
1st: Pick up 10 out of 10 pegs and drop them through a half inch hole into a can.
2nd: Place 3 out of 5 pegs in holes somewhere on a peg board.
3rd: Place 4 out of 5 pegs in holes somewhere on a peg board.
4th: Place 3 out of 5 pegs in a straight line on a peg board.

Q-12 All these tasks come closer and closer to the final goal. Look at this objective and see if you can write tasks for it:

"Objective:
The child will stand on one foot unaided for 5 sec. for 4 out of 5 times when told to do so by the teacher."

"Tasks:
When told by the teacher the child will be able to:

1. Stand with one foot on a 4" step for 5 sec. for 4 out of 5 times.
2. Stand on one foot with help _____
3. _____

Q-13 What are "tasks"?

Q-14 Make a list of tasks for this objective:

"The child will go up 10 steps without using the rail or a person to support him when asked to do so by his teacher."
Tasks: The child will

1. _____
2. _____
3. _____
4. _____
5. _____

Now you have completed the three steps: assessment, objectives, and target tasks. Don't stop here! Remember, when a child has successfully learned the target tasks you set, you will want to go back to assessment so you can set new objectives and tasks.

Skill Areas

When assessing a child's skills you will want to be as complete as possible. You do not want to overlook some area that the child really needs work on. There are at least five learning areas that a preschool teacher should consider as she plans her curriculum: 1) general conduct, 2) pre-academic, 3) large motor, 4) fine motor, and 5) language. There may be other areas you want to include but these five cover a lot of territory. Let's look at each one to see what kind of skills are needed and what kinds of materials may be used in teaching.

Ready to assess skills —

1. GENERAL CONDUCT

Teachers want "behaved" children in their classes. This is not only because teachers like quiet, polite children but because well-behaved children are easier to teach. A well-behaved child listens to instructions, follows directions, and cooperates with the teacher and other children. A certain amount of good conduct is absolutely necessary for learning. A child who never pays attention by looking at the teacher or the learning materials will be in trouble. Likewise, a child will usually need to listen, to sit still for some period of time, and learn to work on a task without being constantly distracted. A child is not "bad" or hopeless because he is not well-behaved — he just needs to be taught to do those things that well-behaved children do. Some behaviors a child may need to be able to show are:

In a large group
- can sit quietly in group
- can sit on a mat
- can sit without disturbing peers
- can take turns in group
- attends to teacher's cues
- responds with group to cue

In a small group
- responds to "look at me" and "hands in lap"
- discriminates silence
- listening to teacher's verbal cue
- attending to teacher's object
- scanning
- follows instructions:
  - given 1 instruction
  - given 2 instructions
  - given 3 instructions
- asks for help when appropriate
- takes turns when appropriate
- can sit without disturbing peers

With other children
- Makes eye contact
- responds to physical contact from peer
- initiates physical contact from peer
- seeks attention of peers
- responds to initiations by others
- shares activity area with other children
- shares materials with other children
- defends rights and materials
- initiates ideas and verbal interaction
- plays well with others
- works well independently

With adults
- makes eye contact
- seeks adult attention
- accepts limits by adults
- responds appropriately after limits are set
- interacts easily with adults
- follows directions

Some children are handicapped because they do not have these conduct skills. An overly active child may need a great deal of work on learning to sit still so that he can then learn to listen to the teacher and gather new skills. As a teacher, you need to provide quiet times and work times when you can prompt and reinforce these conduct skills. Here are some suggestions for ways you can give children more chances to learn to work together well:

— Put out toys and materials that can only be used by two or more children, such as a rocking boat or a card game. Children will learn that they must share in order to have fun with these things.

— Put out a limited number of materials so children must take turns. For example, two scissors for a group of four children at art time.

Invite a shy child to use an especially attractive toy

— Invite a shy child to help you use an especially attractive toy that other children will want to use, too. The shy child then becomes "special" and other children will want to play with him. For example, let little shy Mary be in charge of the paste during art time.

— Encourage or prompt a suitable child to play with a really shy child. You might take Ann's hand and say, "Come on over here and let's see what Carla is doing with the water." Sometimes children just don't think about playing with quiet children that they don't notice.

— Be a part of the children's play. Be at hand to prompt children to talk with each other, to share, and to be sure no one is left out. You can be a good model for your children.

A word of caution: do not bend your rules of conduct for handicapped children unless there is a special reason for doing so. Handicapped children are not being helped by being spoiled. You should expect the handicapped child to share, to follow class rules, and to behave as his classmates are expected to behave. Exceptions must be made in special cases however. For example, you may have to excuse a handicapped child to use the restroom even though the other children have to wait if that child cannot control his toileting very well yet. You might have to let a cerebral palsied child eat foods with his fingers until he can use a spoon. However, no handicapped child should be allowed to "sass" others or take toys from others or in any way break class rules unless there is a good reason for it.

Q-15 Name one behavior a child needs in a large group.

Q-16 Should a preschooler protect his own rights and materials?

Q-17 Why would you put out a limited number of materials when a group of children need to use them?

Q-18 Why would you give especially attractive toys or materials to a shy child whom no one usually plays with?

2. PRE-ACADEMIC SKILLS

Another important area is **pre-academic skills**. These include the basics a child should know before he really begins school work. Some skills a child should have are:

— Numbers:
Should be able to match groups of objects of the same number,
match the symbol to the quantity.
to count at least to 10

— Colors:
should be able to match, point to, and name
red
yellow
blue
black
white
orange
green
purple
brown
grey

— Shapes:
should be able to match, point to, and name:
square
rectangle
triangle
circle

should be able to match:
oval
cube
rectangle solid
pyramid
cone
sphere
cylinder

— Measures:
should be able to tell which is bigger by:
shape
height
diameter

— Sequencing:
can tell the order of events
aware of sequence of daily events
reproducing color sequences
sequence a story

— Auditory:
can imitate sounds
recognizes common sounds
rhymes

— Sensory-Touch:
knows: rough
smooth
hard
soft
thick
thin

— Sensory-Taste:
Knows: sweet
sour
bitter
salty

— Classification:
objects, size
same-different

If a child does not learn these pre-academic skills, he may find himself in kindergarten where all the work is "over his head". You must teach these basics so the child will have the pre-skills he needs for school.

Q-19 What shapes should a preschooler know?

Q-20 What tastes should a preschooler know?

3. LARGE MOTOR ACTIVITIES

Large motor activities are not only important for developing muscles but also give the children a chance to exercise in fresh air and work off their extra energy.

Outside play equipment and active inside games can help develop these skills.

Large motor skills
- walking
- running
- climbing
- jumping: across the same level
  changing planes
- hopping
- balance: standing still
  rolling
  on steps
  other

Q-21 What kind of skill is running?

4. FINE MOTOR ACTIVITIES

Fine motor activities develop the small muscles, usually of the hand and fingers. A child needs these fine motor skills:

Small motor skills
- buttons
- fastens belt
- ties shoes
- zippers
- puts on coat
- pulls up pants
- puts on socks
- puts on shoes
- pouring

Stacking blocks, using peg boards, and stringing beads are activities that are often used to develop these muscles.

Some other activities are:
1. Lego
2. Rig-a-jig
3. tiles
4. Tinker Toys
5. hammer and nails
6. Crystal Climbers
7. Pop Beads
8. little plastic pegs
9. scissors
10. pasting

These exercises prepare the muscles for writing and drawing when he begins school.

Q-22 What kind of skill will Pop Beads and Tinker Toys help teach?

5. LANGUAGE SKILLS

Language skills are important for the preschool child to develop. The child needs to understand others and to be able to communicate himself. Some language skills are:

Expressive:
- talks
- echoes
- imitates on command
- names objects in restricted setting
- uses correct names for objects and events in classroom
- one word
- noun and adjective
- minimum functional speech
- uses complete sentences
- conveys a complete idea
- yes-no
- uses proper names of adults and children
- proper use of pronouns
- can describe objects
- sequencing

uses and understands prepositions: over ___ under ___ beside ___ beneath ___

next to ___ in ___ out ___ behind ___ ahead ___ between ___

near ___ further ___ on ___ at ___ by ___ opposite ___

back of ___ in front of ___

Now this is a book —
A book consists of a number of printed pages of paper fastened together, usually under protective covers. The printed material is generally a story, but a synopsis of the plot of this book is not necessary at this point.....
.... furthermore....

— Expressive Language —

Receptive:

listens

responds to own name

follows instructions: given 1 instruction

given 2 instructions

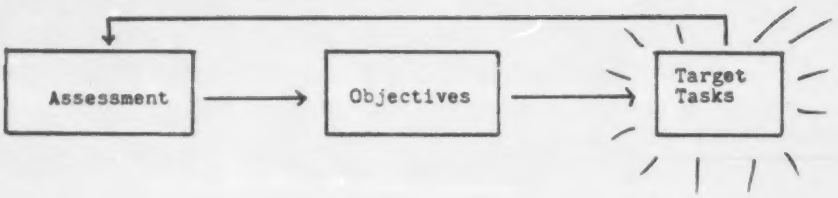
given 3 instructions

Q-23 Name one receptive language skill.

Some handicapped children will have difficulty showing their language skills because they cannot talk well. You may want to find aids that will help this child communicate. For example, some deaf children may need to learn to lip read or to use sign language. You will want to encourage the child's speaking even if it is very poor, so that the child will keep trying to learn language skills. It is best in special cases to ask a speech therapist about helpful activities for the speech impaired or the language impaired child.

You will find that you work on other skills that are not included in these five areas but are still quite important. For example, "health" — you teach toothbrushing and hand washing. These extra activities need to be fit into your day, too. Make assessment as complete as possible — check a child's skills in all the areas a preschooler needs.

Now, you are on your way to target teaching. Remember:



Supplementary Reading

Managing Behavior #4, New Ways to Teach New Skills, Marion C. Panyan
H & H Enterprises, Inc.
Box 3342
Lawrence, Kansas 66044

Managing Behavior #7, Teaching a Child to Imitate #1, Sebastian Striefel
H & H Enterprises, Inc.
Box 3342
Lawrence, Kansas 66044

Handicapped Children in Head Start Series: Meyer Children's Rehabilitation Institute Teaching Program for Young Children
"Manual 3: Equipment and Materials for Use in Nursery Schools for Handicapped Children"

Answers to Study Questions

1. assessment
2. a child's strengths and weaknesses
3. teacher's records, checklists, and behavior profiles
4. "The child cannot sit still at the lunch table through the whole lunch." — or another example like this
5. 1. does not follow directions
   2. does not complete assigned work
6. How well: every time (or 2 out of 3 times, etc.)
7. When: when the group brushes
   How well: so that his mouth and teeth look clean (etc.)

8. Who: the child
What: place pegs in a straight line
When: when asked to do so by the teacher
How well: 4 out of 5 times

9. objective

10. 1. who
2. what
3. when
4. how well

11. objective

WHO	the child
WHAT	will name the three colors; red, yellow, and blue
WHEN	when asked to do so by the teacher
HOW WELL	_____ out of ____ times

12. 2. . . . for four seconds for 5 out of 5 times
3. stand on one foot without help for four seconds for 3 out of 4 times.

13. small steps or short term goals

Q-14
1. Go up 10 stair steps with a person on each side helping him.
2. Go up 10 steps with one hand on the railing and one person helping.
3. Go up 10 steps with one hand on the railing.
4. Go up 2 steps without any support.
5. Go up 5 steps without any support

or something similar

Q-15
any one:
sit quietly
sit on mat
sit without disturbing peers
take turns
listen to teacher's cues
responds with group

Q-16 yes

Q-17 so that children are forced to share and take turns

Q-18 so other children want to play with the shy child

Q-19 square, rectangle, triangle, circle

Q-20 sweet, sour, bitter, salty

Q-21 large motor

Q-22 fine motor

Q-23 any one: listening, responding to name, following instructions

Unit 8 - Practicum Sheet

Writing Objectives

1. Assessment: What are this child's weaknesses? What problems does he have?

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____
   6. _____
   7. _____
   8. _____

2. Objective: Choose one problem or several similar problems and write an objective that will state your long term goal for overcoming that problem:

   WHO: _____
   WHAT: _____
   WHEN: _____
   HOW WELL: _____

3. Tasks: What are the small steps that come closer and closer to the long term goal? What are your short term goals?

   1. _____
   _____
   2. _____
   _____
   3. _____
   _____
   4. _____
   _____
   5. _____
   _____

Unit 8 - Practicum
Group Activity

What is your objective? What do you want the children to be able to do after they have finished your lesson?

What materials will you use?

How will you run the lessons? What steps should be followed?

How will you know that the children have learned what you taught?

How will you decide if you have done a good job?

Unit 8 - Intervention

Data Sheet

Use this sheet to keep a record during tutoring

Date: CHILD:

	Opportunity given	Check if the behavior occurred	Check if child was rewarded
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Behavior Detinition: _____

_____

_____

Graph your results on the Unit 6 graph.

UNIT 9

Creating Classroom Materials

A special thanks to Trudy Rowbury (The Department of Human Development — University of Kansas, Lawrence, Kansas). Some of the materials described in this unit were developed by her and her staff.

As a Head Start teacher, you like having lots of nice educational toys for the children in your classroom. The big problem is that the toys cost so much to purchase. This unit is filled with ideas for interesting and educational toys that you can make. Most of the toys can be made from materials already available in the classroom such as cardboard, string, colored paper, felt tip markers, etc. The beauty in making these items yourself is that they are every bit as educational and enjoyable as store bought items but cost nearly nothing to make. If you want to make the cardboard items last longer, cover them with clear plastic contact paper. It costs a little more but makes them look very professional.

Many of the ideas in this unit have been presented in workshops for Head Start teachers, aides, volunteers, and parents. They have enjoyed making the materials so much they requested a unit be added to **Effective Approaches** so that Head Start teachers across the U.S. would be able to make these materials, too. It is hoped you will enjoy these ideas as much as everyone else has.

This is a unit which you should often refer to when making classroom materials. Because of this, there is no quiz. You will get the full amount of points just for reading the unit. Have fun!

Important Rules to Remember

Children respond much better if their work is presented as a game — something that's fun to do.

Some rules to remember as you teach:

1. **Be very clear** when you give instructions. Don't make a child guess what he is supposed to do.

2. **Use materials that are easy to see** and fun to look at. It is hard to match blocks when you can't see the difference between the blue and the purple. It is not easy to learn numbers if the numbers are too little to see.

3. **Use materials that are easy to handle.** A child can't string very tiny beads and would have a hard time cutting through heavy cardboard.

4. **Sequence your materials.** Always be thinking about the order of the lessons that you will give your children. Do you plan lessons that review past lessons? For example: when you are doing counting with the class, do you also count on the playground, count at the lunch table, and count when visiting the circus?

5. **Tell a child whenever he has done a good job and tell him exactly what he did right.** For example: don't just say, "Good John," say, "Good John, you really drew a nice straight line."

6. **Praise the child for his work,** not just for the end product. Mary may never draw a house that looks like a house but she will keep trying if she is praised for her effort.

Make learning fun. Reinforce the successfully done task but don't punish a child who has tried and failed. Instead put your energy into helping him succeed. It may mean changing the material or your method, but a happy, successful class should be well worth your work.

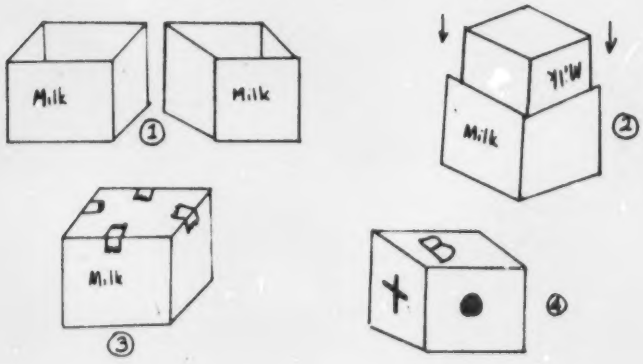
Blocks

Materials:
Milk or cream cartons, all sizes
tape (masking or Scotch)
tempera paint

How to make:
1. Cut the tops off of two cartons the same size.
2. Fit one carton inside of the other.
3. Tape shut.
4. Decorate with paint. The paint will stick better if you add a little detergent. Then spray with hairspray so the paint won't come off.

Actually you don't even have to paint them since milk cartons have lots of colors on them already.

How can this help your child?
Practice for good coordination (stacking)
Can teach child to recognize letters and shapes



Feeling Box

Materials:
cardboard box with a lid
lots of common objects

How to make:
Put all the objects in the box and put the cover on the box.

How to use:
Ask the child to reach in the box, feel one object, and tell you what the object is. After he guesses let him take the object out to see if he is right.

How can this help?

Teaches the child to identify an object by touching it, but not looking at it.

People Puzzles

Materials:
magazine pictures of people or animals
paste
cardboard
scissors

How to make:
1. Paste picture to a piece of cardboard or construction paper.
2. Trim off excess cardboard.
3. Cut picture into several pieces to make a puzzle.

How to use:
Ask the child to put the puzzle together.
If he can do it fine, praise him.
If he can't, give him a little help.
Each time the child puts the puzzle together, try to reduce your help more and more.

How can this help your child?
1. Teaches where parts of the body should be
2. Teaches how to assemble difficult puzzles
3. Good practice for eye-hand coordination

Fish

Materials:
pole (broomstick, yardstick, etc.)
string
magnet
paper clips
colored construction paper

How to make:
1. Make a fishing pole by tying the string to the pole and the magnet to the end of the string.

2. Make colored shapes or letters from the construction paper.

3. Attach a paper clip to every letter or shape.

How to use:
Ask the child to "catch" you a particular shape or letter, for example, "Sandy, catch me a square." If the child doesn't know what something is, give him a hint by pointing to the letter or shape.

If he is having trouble catching the shape or letter you asked for, help him hold the pole.

Whenever you need to help, remember to gradually let the child do it himself.

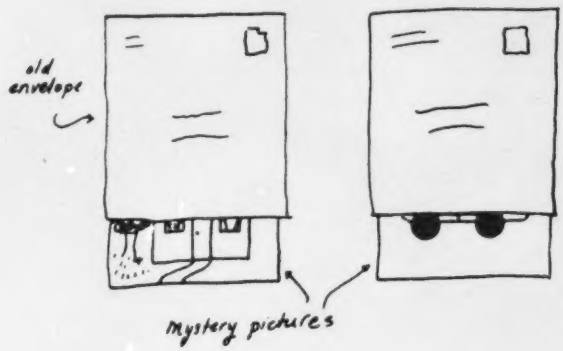
How can this help?
Teaches eye-hand coordination
Teachers letters and shapes
Teaches child to follow instructions

Mystery Picture

Materials:
1 large envelope
pictures of common everyday objects (e.g. ball, bicycle, boy, girl, house, etc.) These can be drawn by you or cut out of a magazine.

How to use:
Place a picture inside the envelope.
Pull it out very slowly and have the child guess what the picture is.
The object is to guess what the picture is before it is all showing.

How can this help?
Teaches the child to recognize objects when only part is visible.
Teaches how to make a "mental" picture.



Playing Cards

Materials:
one deck of playing cards without the face cards or aces

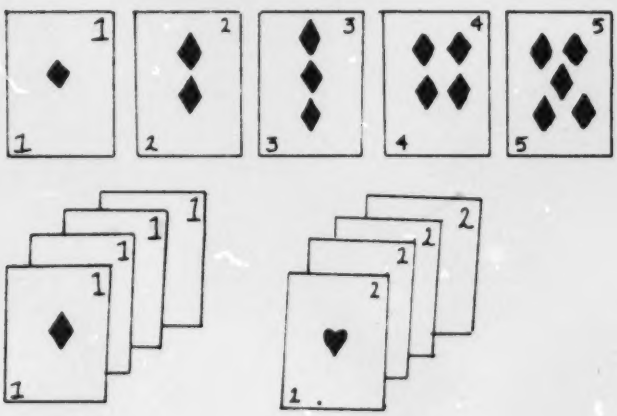
How to use:
1. Ask the child to tell you how many hearts (diamonds, etc.) are on each of the cards. OR

2. Ask the child to arrange the cards in a row from 1-10. OR

3. Ask the child to stack all the 1's in a pile, all the 2's in a pile, all the 3's in a pile, etc. OR

4. Ask the child to stack all the hearts (diamonds, etc.) in a pile.

How can this help?
Teaches the child to recognize and name numbers
Teaches the child to pair the numerals with a certain number of objects (e.g. hearts)
Teaches the child to stack like objects
Teaches the child to arrange numbers in order from smallest to highest

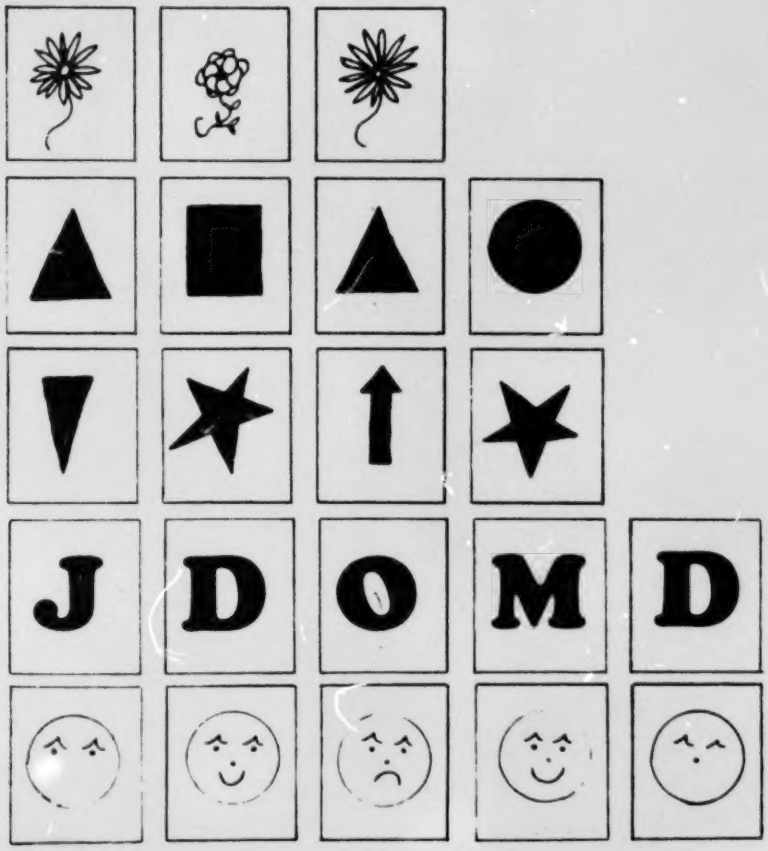


Different and Same with Pictures

Materials:
white paper
crayons
pencil

How to make:
1. Draw a bunch of pictures of common everyday objects.

2. Make **some** of the pictures exactly the same. The pictures can be colored if you want. Here are some sample different/same pictures you can make:



How to use:
Ask the child "Which ones are the same?"
If he answers correctly, praise.
If he can't answer or answers wrong, give him a little hint, but gradually fade out your hints as the child learns.
As he begins to learn which ones are the **"same,"** start to teach which ones are **"different"** using the same procedure as above.
Knowing which ones are same and different is a very important skill for the child to have when he goes to kindergarten.

Different and Same with Objects

Materials:
groups of tiny objects
for example: a jar containing 5 groups of different types of nuts, bolts, nails, etc. (Have about 10 of the same object in each group.)
a jar with many groups of buttons
a box with paper clips, beans, toothpicks, etc.
one empty egg carton or ice cube tray

How to use?
Give the child a jar with a bunch of assorted objects and ask him to sort them into the 12 compartments of the egg carton.

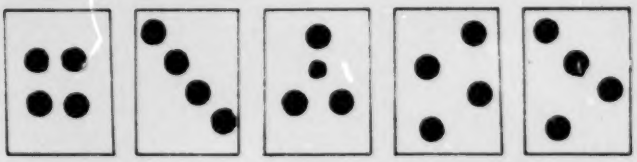
How can this help:
Teaches your child to sort same and different.

Number Cards

Materials:
note cards (4" x 6")
felt marker or crayons

How to make:
Make about 5 cards for every number from 1-9
Use a penny to outline each dot on the card.
Arrange the dots in a different order for each card.

For example, cards for the number 4.



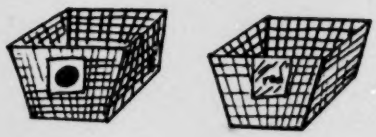
How to use:
After the cards are made, shuffle them.
Take the first card and ask the child, "How many dots are on this card?"
If the child answers correctly, praise.
If the child can't answer or answers incorrectly, give him a little hint.

How can this help?
Teaches the child that a certain number of objects will not always look the same way. It can be in many different orders.

Sorting Baskets

Materials Needed:
Green plastic baskets that strawberries or cherry tomatoes come in
3 x 5 note cards
small sortable objects of different colors or shapes (e.g. buttons, candles, etc.)

How to make:
1. Decide what you want sorted (colors, shapes, etc.).
2. Draw a picture (about 2" x 2") of what you want in each box.
3. Paste or tape picture to each box.



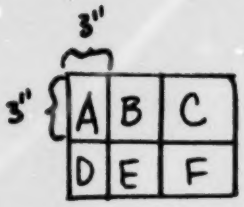
How to use:
Ask the child to sort all the red in one box, green, blue, etc.

How can this help?
Teaches child to group objects of same category and distinguish between same and different.

Lottos

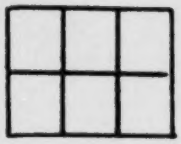
MATERIALS:
white poster board
felt tip markers
3 x 5 note cards

HOW TO MAKE:
Alphabet
Sheet 1 —



Make sheet out of poster board. Write each letter you want the child to learn in each square.

Sheet 2 —



Blank card

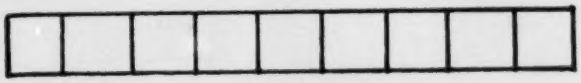
Stack of 3" squares made by cutting down 3 x 5 note cards.

Write the same letters on the cards that appear on Sheet 1, e.g.:

NAME

Sheet 1 —

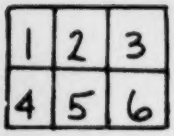
Sheet 2 —



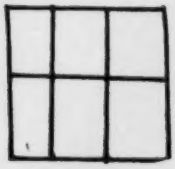
Stack of 3" squares with individual letters

NUMBER

Sheet 1 —



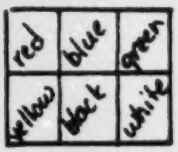
Sheet 2 —



Stack of 3" squares with individual numbers

COLOR

Sheet 1 —

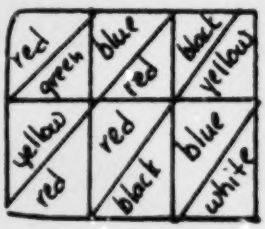


Sheet 2 —

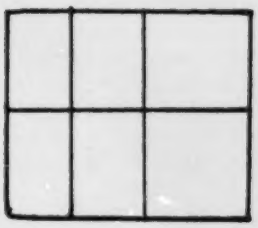
Stack of 3" squares with individual colors

TWO/COLOR

Sheet 1 —

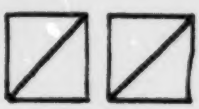


Sheet 2 —



Make part of the square one color and the other part a different color.

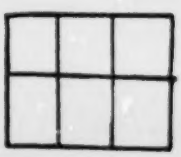
Stack of 3" individual two color cards.



SHAPE

Sheet 1 —

Sheet 2 —

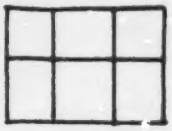


Stack of 3" individual shape cards

* * * * * *

The opportunities are endless. You can use any shape, work, colors, or anything you want so long as you follow the basic format:

Sheet 1 --



a completed base made of cardboard

Sheet 2 —

a blank base

Stack of individual cards made from note cards

How to use:

1. Ask child to match individual cards to Sheet 1. Put the individual cards in order.
2. After learning step 1 very well, use sheet 2 in place of sheet 1.
3. Finally, shuffle the stack of individual cards so they are no longer in order. Ask the child to put the cards down correctly on sheet 3.

How can this help?

Teaches the child to match like objects, learn a sequence and/or recognize words.

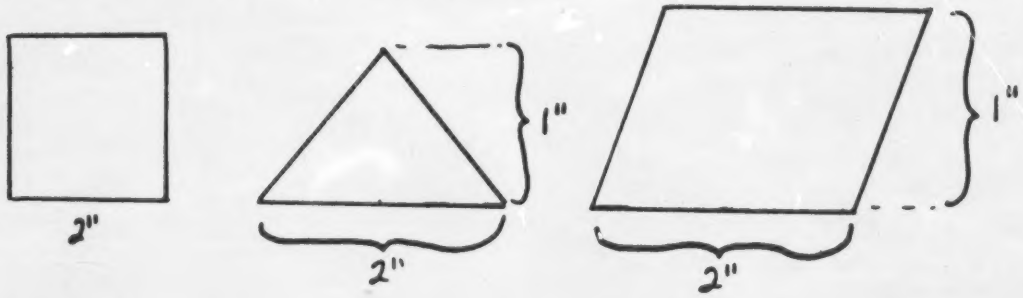
Parquetry Lotto

Parquetry sets can be purchased in a toy store. They are made from colorful blocks of wood. Here's how you can make your own from poster board.

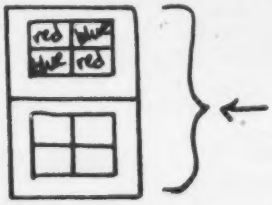
Materials needed:
poster board
colored felt tip markers
ruler

How to make:

1. Using a ruler, draw and cut these shapes from poster board. Make at least 20 of each.

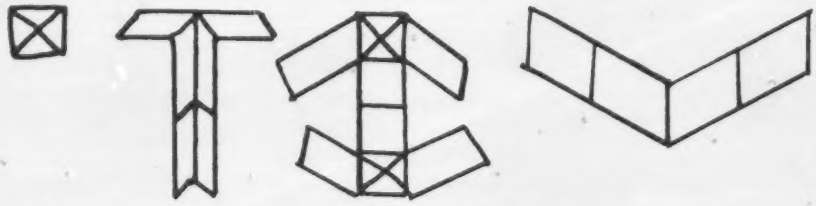


2. Color the shapes.
3. Cut a large piece of poster board (about 12" x 16").
4. Create a design in the top half of the board.
   Use the shapes you made in #1 to trace around.
   Color the shapes different colors.
5. Duplicate the design in the lower half of the board, but don't color these in. Here is a sample:



Draw these.
Don't paste the cutouts on.

Here are some ideas for designs: (Let your imagination go wild.)



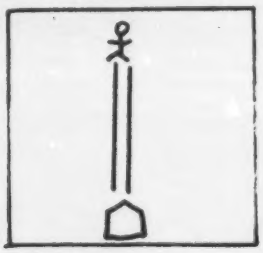
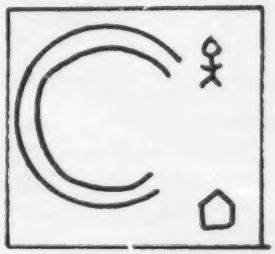
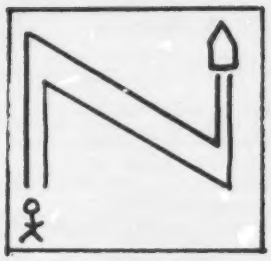
How to use:
Use the same as the other lottos.

How can this help?
Teaches child to match to sample, fit pieces together correctly, follow a pattern, and create a design of his own.

Trace A Path

Materials:
plain white paper

How to make:
1. Draw a little man at the beginning of the line.
2. Draw a path from the man to a house.
3. The path can be vertical, horizontal, or curved.
4. One path per page.

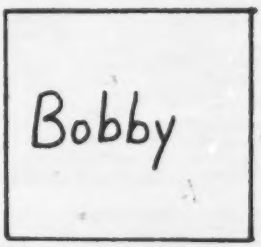
How to use:
Ask the child to trace the path the man would follow to get to his house. Give the child a little help at first.

How can this help?
This teaches pre-writing skills.

Tracing

How to make:

1. On the heavy paper, draw a dark finished copy of what you would like the child to write.
2. On another piece of paper, draw a lighter copy.
3. Then draw a partially finished copy.
4. Finally draw a barely finished copy.



How to use:
1. Put a piece of light paper over the darkest copy.
2. Ask the child to trace it.
3. When the child masters the darkest copy, use the lighter one, then the partially finished one, etc.

How can this help?
This teaches writing skills.

Supplementary Readings

Learning Through Play
by Jean Marzolla and Janice Lloyd
Harper and Row, Publishers
New York, New York

Language Motivating Experiences for Young Children
by Rose C. Engel
distributed by: Educative Toys and Supplies
6416 Van Nuys Blvd.
Van Nuys, California 91401

Kid's Stuff
by M. J. Collier, I. Forte, and Joy MacKensie
Acoustifone Corporation
8954 Comanche Ave.
Chatsworth, California 91311

Practicum Activity

Create two or more materials that are described in this unit for your classroom. Be as creative as you would like or copy what is in this unit. Decide what you want to make before practicum day so you can gather the materials needed ahead of time.

Unit 9 - Monitoring Sheet

Group Work

Give this sheet to your trainer. She will check the boxes that describe how well you tutored and return it to you.

_____ Good for you, you rewarded the children **immediately** following a correct response.

_____ A little slow, remember to reinforce correct responses immediately.

_____ That's the way, you used praise with all your rewards to the children.

_____ Your praise was enthusiastic and sounded like you really meant it. Keep up the good work.

_____ Your praise didn't sound real. Were you enthusiastic enough?

_____ You did a good job of ignoring "bad" behaviors and paying attention to the children when they worked well.

_____ You should not pay so much attention to the child when he

_____ Your attention may be reinforcing this problem behavior.

_____ Nice job, you had all your materials ready and at hand.

_____ You need to have everything you need ready. Try to think ahead.

_____ Overall you did a very nice job. The child cooperated and all went well.

_____ You had a tough situation but you handled it well.

_____ Let's sit down and go over the learning activities again. We may need to make some changes.

Comments: _____

_____

_____

_____

_____

_____

UNIT 10

Sharing Teaching Techniques

Answer these questions before you begin the reading.

1. What do you expect aides, volunteers or any classroom helpers to do for you?

2. Write a brief job description for an aide:

3. What traits do you want your aide to have?

4. Will your aide do some of the teaching activities? If so, specify:

5. How will you supervise your aides?

6. What could you do to train your aides?

7. How many aides could you handle in an on-the-job training program?

Why does this unit begin with questions rather than answers? Because many of the answers about how you will train your aides come from you. You will be the person who decides **what** you want your aides to do and **how** you want them to work. You are the person who decides what is **important** about being a classroom helper. The suggestions that are given here are just to start you thinking about how you will train.

As this unit talks about aides, we mean any person who helps in your classroom. This may be a high school or college student, volunteer parent, or an interested visitor from your town. If a classroom helper is going to spend very much time in your classroom or will be coming regularly, you will want that person to be trained. Once you have trained someone you can relax a little more knowing that everyone understands the classroom rules and procedures.

A special classroom helper who may in fact never work in your classroom but who should also be trained is the **parent**. You know well enough how helpful a parent can be just by working with a child at home. This unit will also make some specific suggestions about working with parents.

A special classroom helper is the parent.

Would you like to teach your aides (any classroom helpers) some of the things you have learned in these units? Here are some suggestions for getting off on the right foot with your aides, volunteers or parents.

Provide an orientation time for aides. Let them observe the class and meet the children. Let them read materials about Head Start, look at sample lesson plans, and see the children's work. Let them learn your name and give them a list of the children's names. Show them where to sign in and out, where they can put coats, and where and when they can get a cup of coffee. Let them learn the layout of the building. In general, give them a day or two to become familiar with the place and the job. Remind them that this is a time when they can change their minds about volunteering.

Begin involving the aide gradually. Find easy but useful jobs that can be done with few instructions from you. Always give the aide your reasons for the assignment. For example, have the aide help you set up for lunch; this way she will learn where children sit, how the meal is organized, and the time and place for eating. Limit the aide's contact with children and parents at first unless you are also along.

Teach the aide how to observe children. You now have materials for behavior checklists; have your aides practice with a checklist and behavior profile. Teach the aide to really look at behavior, not just to guess about causes of problems. Show the aide how to estimate what level a child could be working on, and what level to move to next.

By the second week, your aides should be ready to assist you in group activities and carrying out individual projects. Remember to provide written lesson plans for the aides to consult. Let them know where to find the plans and then keep them up to date. Try to increase the aides duties gradually, adding a new job or two each week. Here are some sample responsibilities that could be gradually added over the weeks.

AIDE DUTIES

Week 1

Cleans and straightens the classroom.
Helps children with coats.
Gets children seated when class begins and sits with them to make sure they are quiet.
Watches teacher teaching
Completes one behavior checklist and one behavior profile

Week 2

Added duties:
Arranges the room for daily work and special occasions.
Helps children care for plants, aquarium and other living displays.
Brings back children who leave the group during a lesson.
Takes children to restroom.
Reads books to children during free play.

Week 3

Added duties:
Arranges furniture for various learning activities and experiences.
Cleans blackboard and erasers and provides chalk.
Talks about points of interest on walks.
Helps teacher on field trips.
Helps children wash their hands for lunch.

Week 4

Added duties:
Organizes classroom closets.
Maintains supply of cups, Kleenex, paper towels.
Gets coats from coat room.
Checks to see that children take their toys or coats home when they leave.
Gets refreshments from cupboard, refrigerator.
Works with individual child on special problem assigned by teacher.

Week 5

Added duties:
Keeps teacher's folders up to date; records information as teacher requires.
Keeps the classroom calendar for daily and special events.
Makes special arrangements for one day's lesson.
Leads class in singing.

Week 6

Added duties:
Prepares materials on duplicating machine, typewriter, ditto, paper cutter, construction paper, paste.
Takes proper care of materials and keeps materials in order.
Decorates bulletin board.
Draws stencils.
Works side-by-side with teacher on activity.

Week 7

Added duties:
Watches quietly while teacher is working with children, but helps when needed.
Carries out an activity with the children planned by the teacher, for example, serving cookies and juice.

	Added duties: Enlarges picture file.
Week 8	Cuts and draws pictures for use by the children. Supervises hallways, toilets, drinking fountains. Supervises the moving of children to and from all activities.
	Added duties: Knows and helps children to observe all regulations and rules of the school.
Week 9	Supervises playground. Begins teaching a class following the prepared lesson plan under observation of the teacher.

Using this schedule, the aide would be given a week's assignment card on Monday. The card would list the duties the aide would now be expected to carry out alone. Each week for nine weeks (or more) the aide would get a card listing more duties to add to the ones she was given the week before.

If you have several aides in your classroom, all may be given some of the same duties, for example, "cleans and straightens the classroom." Some specific duties might only be given to one aide at a time, for example, "Help children care for plants, aquarium, and other living displays." Every aide would be given at least one additional duty each week at first.

Q-1 What are at least three things an aide should do on her first visit?

Q-2 How can you help an aide learn the children's names?

Q-3 In general what is the first day or two for?

Q-4 What kind of jobs should the aide start on?

Q-5 Who should the aide **not** see alone the first few days?

Q-6 What can you have the aide do to help her learn to observe?

Q-7 What should the aide be doing by the second week?

Q-8 How should you increase the aides duties?

Q-9 What are some new jobs an aide could have by week 8?

Q-10 What can you do about assigning duties when you have more than one aide?

As you increase the aide's duties, you will free yourself of some jobs. This free time can be spent then observing and teaching the aides. This will give you a chance to check that jobs have been done, make more complete lesson plans, and provide feedback to the aide about her work. You will be increasing your own job as far as giving better aide evaluations.

Here are some examples of evaluation systems you may want to use:

A group of teachers who use aides decided these traits are very desirable in aides:

As a Person:

_____ Is agreeable, easy to work with.
_____ Is neat in appearance.
_____ Has pleasant voice and adequate articulation.
_____ Has an enthusiastic attitude.
_____ Has an expressive face.
_____ Is willing to learn.
_____ Is able to "keep cool" in an emergency.

Attitude Towards Work:

_____ Is regular in attendance.
_____ Is punctual.
_____ Gives notice to supervising teacher if unable to attend due to illness.
Is serious about work.
_____ Is willing to substitute for another teacher if need arises.
_____ Is willing to do assigned task not of a routine nature.

Relationship with Children:

_____ Likes children.
_____ Does not pity the children but tries to understand their problems.
_____ Can get down on the level of the children.
_____ Has patience.
_____ Shows no favoritism.
_____ Takes an interest in the children, learns about the family and interests of each child.
_____ Maintains good control of the children in the teacher's absence.

Relationship with Supervising Teacher:

_____ Leaves decision making to the teacher.
_____ Follows the teacher's lesson plans and instructions if at all possible.
_____ Does not have to be reminded of work the teacher has asked to have done.
_____ Goes directly to the teacher with questions or complaints.
_____ Feels free to ask the teacher about children and their problems but is careful it is not overheard by children or parents.
_____ Is willing to observe the teacher to learn basic operation of the class and to take suggestions from the teacher.
_____ Anticipates the teacher's needs.
_____ Can observe teacher's activities and recreate them in the teacher's absence.
_____ Prepares materials neatly and accurately.
_____ Stores materials properly and cleans room adequately.

Another checklist you might use is this one:

NAME _____ EVALUATOR _____

DATE _____

Evaluation	Exceptional	Satisfactory	Needs Improvement
Administrative Organizational Competencies			
Has lessons and assignments prepared on time.			
Uses initiative to go beyond instructions in phases of classroom work such as material selection, sequencing of skills, supervising class.			
Is positive with peers and teachers.			
Structures activities to fit time blocks.			
Changes own behavior in response to feedback.			
Coordinates work with appropriate staff.			
Instruction			
Identifies objectives behaviorally and specifically.			
Selects appropriate materials and tasks for objectives.			
Maintains high rate of pupil success.			
Sequences lessons.			
Uses language appropriate to pupil's level.			
Hold pupil interest.			
Varies tasks.			
Gives appropriate prompts and cues to aid pupil's understanding.			
Makes wrong answers a learning experience.			
Makes lesson a positive experience.			
Deals with each child as an individual in a group.			
Behavioral Management			
Uses reinforcement as major behavioral control.			
Reinforces appropriate behavior.			
Uses reinforcers that are reinforcing to the children (verbal or concrete).			
Maintains consistent contingencies.			
Interacts with children at their level.			
Interacts regularly with all children.			
Performance on Written Assignments			
Follows specified written format.			
Is concise.			
Records and uses data accurately.			

COMMENTS:

You might want to use more specific notes to the aide:

TUTORING EVALUATION

Date: _____ Tutor: _____

Evaluation: _____ Child: _____

TASKS OBSERVED: From:
To:

PREPARATION:

DIAGNOSIS OF LEARNING PROBLEMS:

OBJECTIVES:

TASKS AND MATERIALS:

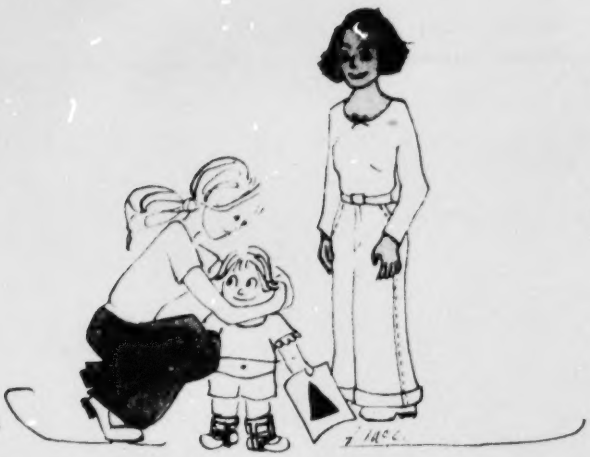
INSTRUCTIONAL LANGUAGE:

REINFORCEMENT:

COMMENTS:

You may have other checklists or notes that you use to let your aides know how they are doing. Remember that it is very important to provide feedback and advice to the new aide. Catch mistakes early and remember to give lots of praise for the job well done.

One of the best ways to teach the aide is to show what should be done. If you want to teach the aide to reinforce a child for sitting quietly in the circle and to ignore the child for being noisy — **show** the aide. **Tell** the aide what you will do so she can watch for it, then **demonstrate** what you mean, then **watch** the aide do the reinforcing right after you have shown her. You can give her advice right away and catch problems from the start.



Show the aide what should be done.

Remember, the manual you are reading might be interesting for a classroom helper who will be with you for some time. You can let the aide read the manual one or two lessons at a time and be handy to answer questions or go over certain points when needed.

Don't be afraid of correcting the aide right from the start. You are the teacher and this is your class. If you are handling a child one way and the aide is doing it differently — the child may be confused and probably won't learn to behave the way either person wants him to behave. This is especially true with handicapped children. An aide who is not used to such a child may spoil him, feel sorry for him, or scold him for not doing things. **You** are trained and should know what is best for the child. Don't be afraid of speaking up!

A child may be confused by different teachers.

Q-11 How will you use your new free time?

Q-12 What kinds of things will you evaluate about your aide?

Q-13 What should you do for the aide that is doing a good job?

Q-14 What is the best way to teach the aide?

Q-15 What are three steps to follow in teaching the aide?

Q-16 When do you start correcting the aide?

Q-17 Who is trained to work with your children?

Parents

Parents are a very special group of classroom helpers. We cannot speak so much of training parents as we can of learning from them. Parents often are not the student volunteers who want to work in your classroom to get experience nor are they the grandmother volunteers whose children are gone and who want to work in your classroom because they have time to use. Parents are a group of people you will be trying to attract to join you in your classroom because they are so valuable. Most parents will be very busy people who have plenty to do besides help out in your classroom, but the more contact you can make with parents, the better the child's learning experience will be.

Here are just a few suggestions for ways to build a stronger friendship between school and home.

Build a stronger friendship between school and home.

Family Visits: As you well know, you should be making at least two or three visits at each child's home through the year. Here are some things to keep in mind as you visit. 1. Visit the **whole** family. Brothers and sisters, grandmothers, and babysitters are also a very important part of the child's family. Remember from the units you have read earlier that you must be **consistent** in teaching. When you start asking the family to do projects at home later in the year, you will want **every** family member to help. You will not want father to be doing one thing and sister to be doing something else. You will want everyone's cooperation so get started on a good foot with the whole family.

2. **The family is a gold mine of information.** As a teacher you can avoid many problems and make many good times by getting as much information as possible from the family about the child. This is particularly true concerning the handicapped child. Do you need a list of possible reinforcers for a child? The family is likely to have a **ton** of good ideas about what the child likes and will work for. Do you think that you may have problems controlling the child? It is likely that the parents can tell you ways of discipline that work for them. Are you worried about the child's health or medical problems that you might run into? The family can probably explain the child's handicapping condition and tell you how to handle special needs. Here are some questions you might want to ask:

1. Does the child have any special transportation problems?

ex.:
Will he need a car seat?
Does he need space for a wheelchair?
Is he unmanageable (hyperactive or aggressive) in an automobile?

2. Does the child have any problems with toilet training?

ex.:
How does he indicate that he needs to use the restroom?
Should the parents be told if he is constipated or if anything unusual happens?

3. Does the child need to take a nap?

ex.:
During what part of the day does he nap?
How long will the child sleep?

4. Does the child have any special diet problems?

ex.:
Does he have any allergies?
Are any foods forbidden?
Should he be kept to small portions?

5. Does the child take any medication?

ex.:
What is his dosage and when should it be given?
What symptoms would he have if there was a bad reaction or an overdose?

6. Does the child have any unusual "attacks" of illness?

ex.:
Does the child have seizures?
Does the child have a diabetic reaction?
What do I do if the child has an asthma attack?

7. Who should be contacted in case of an emergency?

ex.:
Who is the family doctor?
Where can the parents be reached during the day?

8. What are the child's favorite toys, foods, activities, etc.?

3. The family will have needs or requests of their own. Finally, don't ever leave the family without finding out what they would like to see their child doing in school. What special requests does the family have?

Here is a form that the Chapel Hill Training-Outreach Project uses to find out what the family would like the child to learn!

PARENTAL CONCERNS

The purpose of this form is for you to give us some idea of what you feel is important in planning a program for your child. Beside each area please check the box which best describes your concern.

	NEEDS NO WORK	NEEDS SOME WORK	NEEDS A LOT OF WORK
1. Self-help skills such as dressing, toileting, and eating.			
2. Gross motor skills such as walking, jumping, climbing, and throwing a ball.			
3. Receptive language skills (understanding what others say) such as following simple commands like "Wash your hands."			
4. Expressive language skills such as speaking clearly, stating wants, and naming objects.			
5. Social-emotional skills such as getting along with others. Appropriate expressions of wants and feelings such as controlling temper and not biting, hitting, or hurting others.			
6. Fine motor skills such as tying shoes, buttoning clothes, using scissors, and writing name.			
7. Thinking skills such as understanding numbers, remembering objects, symbols or events, and using information to solve problems.			

What specific things do you think your child needs to learn?

Or, you might just want to ask specific questions.
What do you want your child to learn in school?
Is there a problem you have with the child that you would like us to work on at home?
What do you think your child would like to learn at school?

Remember, you can learn a great deal from a child's family. Be sure to let the family know how much help they are to you, and be sure to let the family know that you want school and family to work together.

Classroom Visits: Inviting a parent in to visit the classroom is another excellent way to build the home and school friendship. A parent will learn a great deal about what happens in school just by watching you. If you have a special problem that you are working on with the child, this is a great time to demonstrate. If the parent sees exactly what you do to work on that problem, the parent is likely to do the same thing at home.

A parent is a good person to talk about his job or hobby with the children.

Encourage parents to be a part of the class. If a parent feels like a real part of the action he/she is likely to speak up and make suggestions that will be useful to you. You can help a parent fit into the class by specifically asking the parent to lead some activity, talk to the class (about a job or hobby), or help out in some way. You know yourself that you always feel more comfortable visiting someone if you have something to do.

Parents will enjoy the classroom visit if they feel like it has been worth their time—if the time has been productive. To do this, you want the parent to know that he/she has made a real contribution to the class. Some parents will feel more productive if they have left something concrete behind when they leave. You can assemble materials for projects that you always wanted to make but never had time for. Parents can feel really useful then working on these projects as they observe the class. Some ideas for projects would be: mounting pictures, making cloth books for children, building painting easels, making smocks, etc.

Information Exchange: With a handicapped child it is often necessary to send regular reports home from school on the child's progress, medical emergencies, or other handicap-related problems. For example, a parent should know if a child had a seizure at school; a parent will want to know how long a child practiced walking that day or what new word the child learned at school. This reporting should not be a one way street; information of the same sort from home can help the teacher a great deal. One way to keep up this information exchange is to keep a sort of diary on the child that is filled in at school and at home everyday. The child can carry his diary from home to school filled with interesting facts each day. The diary might only have a sentence or two written each day and still be very helpful to both school and home.

Another way to exchange information is to send home a simple description of some things the child is doing at school with suggestions about what he could do at home. Here is a take-home sheet also used by the Chapel Hill Outreach Project:

PROGRAM FOR HOME FOLLOW UP

This week Nicky has been working on. . .

① self-help skills ② big-little

Nicky can do these things:

① He is working with a knife and fork.
② He can sweep.
③ He can touch "big" objects and pictures and say "big" when asked to do this.

Here are some activities to try with Nicky:

① Using play dough, which you and Nicky could make together, Nicky could use a knife and fork and practice his cutting skills at home. He loves this and does well! (Play dough recipe: 2 cups flour, 1 cup salt, 1 tablespoon oil and ½ cup water). Roll the play dough around into the shape of a hot dog and put it on a plate to cut.

② Let Nicky help you sweep. He's so good at this — I know he's had good training at home!

③ Play a game to remind Nicky of "big." Say, "Look, find the big one and give it to me." Use blocks or pictures from catalogs or cards. (A big red dress and a little red dress.)

You probably have a number of other ideas about how to train aides and work with parents. These were just a few suggestions to add to your ideas and to encourage you to be active in training others in some of the things that you have learned from this manual. Good luck to you and have good times sharing what you've learned.

Q 18 Who should be included in a home visit?

Q 19 What kinds of information questions might you ask the family?

Q 20 Should you be interested in what a family might want the child to do at school?

Q 21 What can you do to help a visiting parent to be part of the class?

Q 22 Describe one way to keep up a daily information exchange between home and school.

Supplementary Readings

Handicapped children in Head Start Series: Training of Nonprofessionals in Early Childhood Education Centers,
Head Start Information Project
The Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22901

Answers to Study Questions

1. read materials about Head Start
2. read sample lesson plans
3. see children's work
4. learn names
5. where to sign in and out, put coats, get coffee, etc.

2. have a list of children's names ready for the aide

3. to become familiar with the place and the job

4. easy but useful jobs

5. parents and children

6. Have her use a behavior checklist or make a behavior profile.

7. assisting in group activities and individual projects

8. gradually — a new job or two a week

9. enlarge picture file
cut and draw pictures
supervise halls and movement

10. share some of the same duties and divide others

11. observing and instructing aides

12. any items from checklists — for example: attendance, following lesson plans

13. Give lots of praise and encouragement.

14. **Show** her.

15. **Tell** her what you will do.
Demonstrate what should be done.
Watch the aide do the task.

16. from the start

17. you, the **teacher**

18. the whole family and maybe the babysitter, too

19. Questions about: discipline, reinforcers, handicapping condition, medical problems, transportation, etc.

20. yes — very interested

21. Ask the parent to lead an activity, talk to the class, work on special projects, etc.

22. Send a daily diary between home and school.

Practicum

Your trainer will give you a course evaluation to answer. Please be as honest as possible about your feelings on this training manual.

Unit 10 - Intervention

Data Sheet

Use this sheet to keep a record during tutoring.

Date: _____ Child: _____

	Opportunity given	Check if the behavior occurred	Check if child was rewarded
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Behavior Definition: _____

Graph your results on the Unit 6 graph.

Dear teachers,

We hope you have liked reading this manual. You now should have an "effective approach" for working with handicapped preschoolers. Enjoy your work and have fun.

The Authors,

Betty Fry

Betty Fry, Trainer/Director

Carrie Hovell

Carrie Hovell, Assistant Trainer

"Bye!! Nice to have had you!!"